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In accordance with the Privacy Act of 1974, I hereby authorize Congressman Raul Ruiz, M.D. and his staff to gain access to my files and ALL records in order to assist me with the issue described below. I understand that Congressman Ruiz's work is provided free as a public service and that no one may charge a fee to gain access to his office. I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. I also authorize the office to share my story for media purposes to increase service awareness.

DETAINEE FULL PRINTED NAME	SIGNATURE	DATE
DETAINEE HOME ADDRESS:		
E-MAIL:	PHONE NUMBER:	
DETAINEE DATE OF BIRTH:	FOREIGN PASSPORT #:	
DETAINEE A #:	DETAINEE COUNTRY OF BIRTH:_	
FEDERAL AGENCY INVOLVED: U.S. DHS	S/ICE/USCIS	
DO YOU WANT YOUR CASE DISCUSSED WITH		MEMBER/ORGANIZATION NAME)
PLEASE PROVIDE A BRIEF DESCRIPTION OF YOU	JR ISSUE. PLEASE ATTACH A COPY OF YOUR F	рното I.D.