



CONGRESSMAN RAUL RUIZ, M.D.
CASEWORK AUTHORIZATION FORM

INDIO OFFICE	HEMET OFFICE	EL CENTRO OFFICE
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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 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 the information in this privacy release and any document submitted with it; 2) I reviewed and understand all 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.

PRINTED FULL NAME

SIGNATURE

DATE

HOME ADDRESS: _____

E-MAIL: _____ PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

FEDERAL AGENCY INVOLVED: _____

DO YOU WANT YOUR CASE DISCUSSED WITH ANYONE ELSE? If so, who? _____
(I.E. SPOUSE/RELATIVE)

WHERE DID YOU HEAR ABOUT OUR CASEWORK SERVICES? _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ISSUE. PLEASE ATTACH A COPY OF YOUR PHOTO I.D. ALONG WITH COPIES OF ANY RELEVANT DOCUMENTS (NO MORE THAN 10 PAGES).

