

CONGRESSMAN RAUL RUIZ, M.D. CASEWORK AUTHORIZATION FORM

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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 also authorize the office to share my story for media purposes to increase service awareness.

PRINTED FULL NAME	SIGNATURE	DATE
Address:		
Е-ман:	PHONE NUMBER:	
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	
Dates of Service:	Branch of Service:	
DO YOU WANT YOUR CASE DISCUSSED WITH A	ANYONE ELSE? IF SO, WHO?	
WHERE DID YOU HEAR ABOUT OUR CASEWOR	K SERVICES?	(I.E. RELATIVE, SPOUSE)
PLEASE PROVIDE A DESCRIPTION OF YOUR ISSUE RELEVANT DOCUMENTS (NO MORE THAN 10 PA		

Please return to the office via mail or email or fax to 760-424-8993. Make sure to call the office to confirm fax was received. Form can also be completed electronically at our website <u>https://ruiz.house.gov/services/help-federal-agency</u>.