CONGRESSMAN RAUL RUIZ, M.D.
CASEWORK AUTHORIZATION FORM

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.

______________________________________

SIGNATURE

______________________________________

DATE

NAME: 

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? ______________________________

WHERE DID YOU HEAR ABOUT OUR CASEWORK SERVICES? ______________________________

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ISSUE. USE THE BACK, IF NECESSARY. PLEASE ATTACH A COPY OF YOUR PHOTO I.D. ALONG WITH COPIES OF ANY RELEVANT DOCUMENTS.

______________________________________

______________________________________

______________________________________

______________________________________

______________________________________

______________________________________

Please return to the office, via mail, or email to Lisa.Olmstead@mail.house.gov or fax to 760-424-8993.