



**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.

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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.

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