

Office of State Representative Lina Ortega

Constituent Information and Privacy Release Form



Contact information:

Full Legal Name: _____ Driver's License (State and DL#): _____
Street Address: _____
City, State, Zip Code: _____ Military ID: _____
Telephone : (_____) _____ (primary) Medicaid ID: _____
(_____) _____ (secondary) Case Number: _____
E-mail: _____ Claim Number: _____
Date of Birth (MM/DD/YYYY): ____ / ____ / ____ Agency: _____
Social Security #: _____ - _____ - _____ Other(s): _____

Please provide a brief description of your issue: _____

How can Representative Ortega help?: _____

This information will only be released when we refer cases for assistance to the appropriate governmental agency and/or obtain assistance from them. Please submit this form at your earliest convenience to:

Office of State Representative Lina Ortega
Attention: Constituent Services
310 N. Mesa Street, Suite 424
El Paso, Texas 79901
Fax: (521)463-8908
Phone: (915) 351-4031

Signature: _____ Date: _____