



AUTHORIZATION TO DISCLOSE CONFIDENTIAL VOTER INFORMATION

I request that the Harris County Elections Administrator's release my voter registration records, including information that is considered confidential by law, to the Representative named below:

Name of Voter _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Date of Birth _____

Voter Registration Certificate Number _____

Signature of Voter _____

*Date _____

****Representative Name** _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ (cellular) _____

*** This Authorization to Disclose Confidential Voter Information is valid for one (1) year unless otherwise specified. Authorization is effective until: _____, 20____.**

**** Representative shall be required to present a valid state issued driver's license or personal identification card or federal identification to receive requested voter registration records of the voter listed above.**