



**ANN HARRIS BENNETT**

Tax Assessor-Collector & Voter Registrar

**AUTHORIZATION TO DISCLOSE CONFIDENTIAL VOTER INFORMATION**

**I request that the Harris County Tax Office 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.**