## ATTACHMENT A JEFFERSON COUNTY PUBLIC ACCESS AUTHORIZATION FORM

Date:

Please che	eck the appropriate blank	below:			
	I authorize the release of my Social Security number, date of birth, number of family members, and home address and/or telephone number to the public.				
	Do not release my Sochome address and/or teconsent.	•		•	-
	nd that if I do not return on will be made public upent Code.				
Name					
	Signature		Printed Name		
Address _		City	State	Zip Code	
Phone # _					
	mpleted form to the Hum t, Texas 77701.	nan Resources Depar	rtment, 1225 Pe	earl Street, Suite 20	)1,

Eff. 06/17