

**ATTACHMENT A
JEFFERSON COUNTY
PUBLIC ACCESS AUTHORIZATION FORM**

Date: _____

Please check 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 Social Security number, date of birth, number of family members, home address and/or telephone number to the public without my prior written consent.

I understand that if I do not return this form to the Human Resources Department, then the information will be made public upon request, according to the Open Records Act, Chapter 552, Government Code.

Name _____
Signature Printed Name

Address _____
City State Zip Code

Phone # _____

Return completed form to the Human Resources Department, 1225 Pearl Street, Suite 201, Beaumont, Texas 77701.