



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.**