



Privacy Act Authorization Form

DATE: _____

To Whom It May Concern:

In accordance with the requirements of the Privacy Act of 1974 which protects my confidential records from unauthorized release, I am taking this opportunity to give The Secretary of State, or his designee, permission to receive information in my records relative to his inquiry on my behalf.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

SIGNATURE: _____

Authorize Do Not Authorize

The Department of _____ to release or disclose any information relating to me and or my business, _____.