



Privacy Policy Authorization

Name _____ Certificate No. _____
Address _____
City, State & Zip _____ Date of Birth _____
Phone Number _____ Social Security No. _____

I, the undersigned, hereby request and authorize KJZT Family Life or its designated representative to discuss any and all information and records it may have concerning my KJZT certificate with the following individual(s):

1. Name _____
Relationship _____
Social Security No. _____ Date of Birth _____
Place of Birth _____

2. Name _____
Relationship _____
Social Security No. _____ Date of Birth _____
Place of Birth _____

3. Name _____
Relationship _____
Social Security No. _____ Date of Birth _____
Place of Birth _____

I specifically declare and direct that a copy of this authorization may be used and shall be considered to have the same force and effect as the original of this authorization.

Date

Owner's Signature

Owner's Name (printed)

Complete and mail to:
KJZT Family Life
PO Box 18896
Austin, TX 78760-8896.