

**KJZT FAMILY LIFE
PRIVACY POLICY AUTHORIZATION**

Name:

Address:

City, State, Zip:

Phone No:

Certificate No:

Date of Birth:

SSN:

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.: _____
Birth Date: _____
Place of Birth: _____

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

3. Name: _____
Relationship: _____
Social Security No.: _____
Birth Date: _____
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 NAME (*printed*)

OWNER'S SIGNATURE

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