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Webb County District Clerk Redaction of SSN Request Form

Redaction of Social Security Number as authorized by the Government Code Sec. 552.147(d) (see below) will remove the first 5 digits of the requestor's Social Security Number, leaving the last 4 digits of the Social Security Number visible in the document on file. You must complete the form for each cause number, listing the title of the specific document(s) and page number(s) where the social security number to be redacted appears.

(Note: You may only request your own social security number redacted or that of your child/ward. Only a parent/legal guardian may request the redaction of a child's SSN on a document.)

**IF THIS FORM IS NOT COMPLETED IN FULL AND LEGIBLY
THE REQUEST WILL BE CONSIDERED VOID AND WILL NOT BE FULFILLED.**

PLEASE PRINT LEGIBLY

Cause No. _____

Full name of person whose SSN is to be redacted: _____

<u>Document Title</u>	<u>Page #</u>
_____	_____
_____	_____
_____	_____
_____	_____

I am the owner or parent/legal guardian of the persons who's Social Security Number (SSN) appears in the document(s) listed above. I submit this request for the purpose of preventing full disclosure of my SSN and I understand the last four digits must remain in the public document as required by law.

Signature of Requestor

Date Signed

Daytime Phone Number

If this form is mailed to the District Clerk's office, you must include a photocopy of requestor's Driver's license. The photocopy will be destroyed after verification.

Sec. 552.147. (d) Unless another law requires a social security number to be maintained in a government document, on written request from an individual or the individual's representative the clerk shall redact within a reasonable amount of time all but the last four digits of the individual's social security number from information maintained in the clerk's official public records, including electronically stored information maintained by or under the control of the clerk. The individual or the individual's representative must identify, using a form provided by the clerk, the specific document or documents from which the partial social security number shall be redacted.

TO BE COMPLETED BY CLERK:

<u>Redacted from:</u>	<u>Clerk's Initials</u>	<u>Date Completed</u>
Original: _____	_____	_____
Image: _____	_____	_____
Microfilm: _____	_____	_____

*Type of ID Presented: _____
Destroyed on: _____
By: _____

Request Not Completed due to: _____

Clerk's Initials: _____