

Leon County Clerk

Redaction of SSN Request Form

Note: Redaction of SSN as authorized by the Government Code Sec 552.147 will remove the first 5 digits of the requestor’s Social Security Number, leaving the last 4 digits of the SSN visible in the document on file. You must complete this form for each document that you request a SSN to be redacted.

**PRINT LEGIBLY**

I request removal of my Social Security Number from the Official Record in the Leon County Clerk’s office in document number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Full Name of Requestor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Names of individuals whose SSN are to be redacted: (NOTE: Only a parent may request the redaction of a child’s SSN on a document, unless the child is of legal age at present.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Requestor Date Signed

**TO BE COMPLETED BY CLERK:**

Type of Identification Presented:\_\_\_\_\_\_\_ Clerk’s Initials: \_\_\_\_\_\_\_

Date Redaction Completed: \_\_\_\_\_\_\_ Clerk’s Initials: \_\_\_\_\_\_\_

If this form is mailed to the County Clerk’s office, you must include a photocopy of requestor’s driver license or government issued photo ID. The copy will be destroyed after verification.