



FLORIDA DEPARTMENT OF STATE

ADDRESS/IDENTIFICATION CONFIDENTIALITY REQUEST

PUBLIC RECORDS EXEMPTION/DOS EFF. 07/2010

Florida law allows certain persons to request that an agency not publicly disclose their specific identification and/or location information in any of its agency records. Refer to sections 119.071 (2)(j), (4)(d) and (5)(i), 265.605, and 267.17, Fla. Stat. for applicable exemption and category of information. If eligible, submit completed form to: Secretary of State, c/o Public Records Custodian Director, R.A. Gray Building, 500 S. Bronough St., Tallahassee, FL 32399. For more information, contact 850-245-6200.

I hereby request the exemption (check applicable exemption category) for the person named below:

- Code Enforcement Officer
- Correctional Officer or correctional probation officer
- Dept. of Children and Family Services personnel with investigative duties involving abuse, neglect, exploitation, fraud, theft, or other criminal activities
- Dept. of Health personnel whose duties are to support the investigation of child abuse or neglect.
- Dept. of Revenue personnel or local government personnel with duties relating to revenue collection and enforcement or child support enforcement.)
- Donor, or prospective donor,* Cultural Endowment Program Trust Fund, Citizen Support Organizations or National, Historic Landmarks (publicly owned houses)
- Firefighter certified in compliance with s. 633.35, F.S.
- Guardian ad litem (By signature below, it is certified that the person made "reasonable efforts to protect such information from being accessible through other means available to the public.")
- Human resource, labor relations, or employee relations director, assistant director, manager or assistant manager of any local government agency or water management district (whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.)
- Judge or justice of the Florida Supreme Court, district court of appeal, circuit court and county court
- Judicial or quasi-judicial officer (general and special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, and child support enforcement hearing officer)(By signature below, it is certified that the person made "reasonable efforts to protect such information from being accessible through other means available to the public.")
- Juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, senior juvenile detention officer, juvenile detention officer supervisor, juvenile detention officer, house parent I and II, house parent supervisor, group treatment leader, group treatment leader supervisor, rehabilitation therapist, and social services counselor of the Dept. of Juvenile Justice
- Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor)
- Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel)
- U.S. attorney or assistant attorney, U.S. appellate judge, U.S. district court judge and U.S. magistrate (By signature below, it is certified that the person made "reasonable efforts to protect information from being accessible through other means available to the public.")
- Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence. (Attach official verification that crime occurred.) This exemption is valid for 5 years. Contact Attorney General's Office (850-414-3990) if eligible for a separate 4-year renewable exemption under Address Confidentiality Program (s. 741.465, Fla. Stat.)

Printed Name: _____ **Date of Birth** _____

Last 4 digits of SSN or Fla DL #: _____

(This field is optional but may help to identify your records among other similarly named persons).

Residence Address (City, State, Zip): _____

Signature _____	Date _____
If request is submitted instead by the person's employing agency, complete the following:	
Agency: _____	Name/title: _____
Signature: _____	Date _____

To request an exemption for your spouse's or child's name, address, photo, and name and location of work, school or day care facility, please submit a separate sheet with the name, date of birth, and relationship. Although optional, the Florida driver's license number of your spouse or child(ren) or the last 4 digits of his/her/their social security number may be provided to better identify records. *Florida law does not make this exemption applicable to the spouse or child of a donor or victim.