**CHILD SUPPORT AUTHORIZATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (custodial parent/ absent parent), give

 (circle one)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (name of person you authorize) (relationship to you; i.e. mother, attorney etc.)

 permission to obtain information concerning my child support case

 #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I further understand that this person may request and receive information concerning action that has or is to take place on my case and payment information without obtaining additional approval through me. I understand that if this authorization is to terminate prior to the date indicated above, I must provide this information in writing.

This authorization is for your protection and safety and assures that personal information concerning your case is not released without the authority to do so.

Signature Date