

REQUEST AND AUTHORIZATION FOR RELEASE OF INFORMATION

DCSS 0644 (01/12/09)

I, _____, authorize the Department of Child Support Services to discuss my case information with the person or agency designated below.

I authorize _____ to discuss and/or examine all files, applications, papers, documents and records held by the California Department of Child Support Services or any Local Child Support Agency regarding the establishment of paternity; and the establishment, modification or enforcement of child, medical or spousal support in my case which I am authorized to discuss and/or examine, consistent with Title 22 California Code of Regulations § 111440 and Family Code section 17212.

I am not aware of any court issued protective order, nor a good cause claim under Section 11477.04 of the Welfare and Institutions Code pending or approved by an administrative agency in this case which bars the authorized person or agency named below from access to this information. I further declare that I have no reason to believe that the release of this information to the authorized person or agency named below may result in physical or emotional harm to the child(ren) involved in this case.

This authorization shall expire on _____. I understand that if I wish to revoke this authorization at any time before the expiration date, I must submit a written notification of revocation to the California Department of Child Support Services or any Local Child Support Agency.

This form must be completed in its entirety to be considered valid. Please provide a copy of this form to your authorized person or agency so that they will be able to establish the validity of their request for your confidential information.

PARTICIPANT INFORMATION

Participant's Name (Please Print)			CSE Case Number Enter CSE Case #	
Address			Participant Number	
City	State	Zip Code	Social Security Number	Date of Birth

AUTHORIZED PERSON OR AGENCY INFORMATION

Authorized Person or Agency Name (Please Print)			SSN (last four digits) or CA ID Number	
Address			Agency's Tax Id Number (if applicable)	
City	State	Zip Code	Telephone Number ()	

I declare under penalty of perjury that I am the person to whom participant number _____ has been officially assigned.

PARTICIPANT'S SIGNATURE_____
DATE