

Enclosed please find a *Request and Authorization for Release of Information* form. If you wish to authorize the release of information to a specific person or agency, you must complete this form in its entirety and return it to our office. 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.

Please be advised that our office will only release information authorized by the California Code of Regulations (CCR), Title 22, Division 13, Section 111440(a)(4) through (9). Information or documents that are related to the above subsections and are needed in the administration of the child and spousal support program, consistent with Title 22 CCR § 111440 and Family Code section 17212, may be discussed with the authorized designee. If you have multiple cases, you will need to complete a *Request and Authorization for Release of Information* form for each case.

If you have any questions regarding this letter, please visit CustomerConnect on the web, www.childsup-connect.ca.gov for assistance on-line or call CustomerConnect at 1-866-901-3212. Persons with hearing or speech impairments, please call the TTY number 1-866-399-4096.

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