



*The Commonwealth of Massachusetts
 Department of Revenue
 Child Support Enforcement Division
 P.O. Box 9561
 Boston, MA 02114-9561*

Mark E. Nunnelly
 Commissioner

Michele A. Cristello
 Deputy Commissioner

Authorization to Release Information

What happens if I sign this form? When you sign this form, you give DOR permission to release and disclose (share) information about any of your child support cases to the person whose name you write on this form.

I want DOR to release (share) information about any child support cases I have to this person (please print):

Name: _____ Business/Organization: _____

Address: _____

Telephone: _____ Email: _____

This person is my (tell us your relationship to this person): _____

My information (please print):

Name: _____ Email: _____

Address: _____

Social security #: _____ Home phone _____ Cell phone: _____

I understand that by signing this form I am allowing (authorizing) DOR to share with the person named on this form all of the information about my child support case(s) that DOR would be able share with me.

Date: _____ Signature: _____

This authorization will be good for two years from the date you sign this form unless you contact DOR to cancel (revoke) it.

Use this section to briefly describe your concern or issue with your child support case: _____
