



# Oregon Department of Justice

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## Division of Child Support

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### Authorization to Disclose Support Records

I, \_\_\_\_\_ (print or type name), Social Security number \_\_\_\_\_, Date of Birth \_\_\_\_\_ (mm/dd/yyyy), authorize the disclosure and release of my confidential child and/or spousal support payment records to:  
\_\_\_\_\_  
(name of person or entity)  
\_\_\_\_\_  
(email address or fax number)

Mark the one that applies:

This authorization covers my support records in Oregon CSP case # \_\_\_\_\_.

I authorize the release of the payment history for the last twelve full months to the person or entity listed above.

This authorization covers my support records in all cases found using the information provided above. I authorize the release of the payment history for the last twelve full months to the person or entity listed above.

This authorization shall remain in effect for six months from the date of signature unless revoked in writing by me prior to that date to the person or entity named above or directly to the Oregon Child Support Program.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_