



Oregon Department of Justice

Oregon Child Support Program

Supporting Parents to Support Children

Division of Child Support

PO Box 14680

Salem OR 97309

800-850-0228

OregonChildSupport.gov

Authorization to Disclose Oregon Child Support Program Records

I, (print or type full name) _____, further identified by (*select one*):

the last four digits of my Social Security number _____, or

date of birth (mm/dd/yyyy) ___/___/____,

authorize the Oregon Child Support Program to disclose and release my confidential child support or spousal support records or information, which may include discussing details of my case or cases, to:

Name of person or entity: _____

Email address or phone number: _____

I certify that this person is over the age of 18.

Mark the one that applies:

This authorization covers my records and information requested by the person or entity named above only for Oregon Child Support Program case number _____

This authorization covers all my records and information for the Oregon Child Support Program, as requested by the person or entity named above.

This authorization expires **12 months** from the date of signature unless revoked by me before that date in writing to the Oregon Child Support Program.

Signature Printed Name Date

Cell #: _____ Text? Yes No Message #: _____

Home #: _____ Email: _____

Mailing Address City State Zip