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 Support Payment Records

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

- ◯ last four digits of my Social Security number _____, or
- ◯ date of birth (mm/dd/yyyy) ___/___/_____,

authorize the disclosure and release my confidential child support or spousal support payment records to:

Name of person or entity: _____

Email address or fax number: _____.

Mark the one that applies:

- ☐ This authorizes the release of the payment history for the last 12 months, to the person or entity listed above, for Oregon Child Support Program case number_____.
- ☐ This authorizes the release of the payment history for the last 12 months, to the person or entity listed above, for all Oregon Child Support Program cases found using the information provided above.

This authorization expires **six 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

RESET FORM