Lac Courte Oreilles Child Support Services
13526W Trepania Rd., Suite 202
Hayward, WI 54843
Phone: (715) 318-5916
Fax: (715) 318-6080

CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

This form gives the Lac Courte Oreilles Child Support Services (LCO CSS) legal authorization to release information you specify about your child support case to a specific party, authorized representative, or organization for a specific amount of time. The provision of your social security number is voluntary; failure to provide your social security number may result in an information processing delay.

Please note the following important issues regarding this release of information:

LCO CSS will release information only about the individual whose signature appears below. If you want LCO CSS to release information about the other parent in your child support case, the other parent must complete and sign a Confidential Information Release Authorization. Otherwise, all identifying information about the other parent will be redacted from your account history and any information as deemed appropriate.

Authorization to Release Child Support Information / Records Related to (Your Name & Information):

Name		Social Security Number (SSN) LAST 4 DIGITS ONLY XXX-XX-_____	Date of Birth	
Street Address	City		State	Zip Code

Release or Receive Information / Records for Your Case(s) to; and/or conduct communication with the following persons/agency:

Name	Phone	Fax	
Street Address	City	State	Zip Code

Name			
Street Address	City	State	Zip Code

Specific Records Authorized for Release (include dates of records, if applicable)

Please Circle One: ALL SPECIFIC (list):

I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization. Unless revoked, this authorization remains in effect until the expiration time I have indicated and initialed below.

☐ Authorization expires as of _____(Date)

☐ Authorization expires _____ month(s) from the date I sign this authorization.

☐ Authorization expires after the following action takes place:

As evidence by my signature below, I hereby authorize disclosure of records to the person(s) or agency(s) specified above.

Printed Name: Signature: Date Signed:

If I am not the person who is the subject of the information/records to be released, I am authorized to sign because I am the:
(attach proof of authority):

☐ Parent of minor ☐ Legal Guardian ☐ Personal Representative ☐ Other (Describe):