

CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

This form gives the Wisconsin Department of Children and Families (DCF) 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:

- DCF can release information only about the individual whose signature appears below. If you want DCF 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.
- Information about a child in a child support case can be released only by signature of an individual with legal custody.

A. Authorization to Release Child Support Information/Records Related To:

Name	Social Security Number (SSN)	Date of Birth	
Street Address	City	State	Zip Code

B. Release The Information/Records To (Individual or Organization):

Name	Organization		
Street Address	City	State	Zip Code

C. Release The Following Information (check all that apply):

Child Support Account History	<input type="checkbox"/>	From MM/YY: _____	To M/YY _____
Other (must be specific)	<input type="checkbox"/>	_____	

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)

I understand that if I am protected by a restraining order or I have reason to believe I may be harmed emotionally or physically, I have a right to request that information on my whereabouts be withheld from anyone including other parties to my court case. I hereby release the Department of Children and Families and its designee named above from liability for the release of any information authorized under this agreement.

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

Authorized By (Signature)	Printed Name	Date Signed
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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): _____

Re: 95 CFR 303.21

DCF is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format or need it translated to another language, please contact us via email or fax using the information below.

Submit this form, along with related documentation, via email at BCSinfo@wisconsin.gov or fax at 608-422-7165.