

**STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
CHILD SUPPORT SERVICES DIVISION**

Children: _____ Mother: _____
_____ Father: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, authorize the Child Support Services Division of the Department of Public Health and Human Services (CSSD), its employees or agents, to release any and all information about this case orally or in writing to _____, my (relationship i.e.: spouse, attorney, etc.) _____.

Information that may be released includes all information available to the CSSD pertaining to the above case. Such information includes, but is not limited to: details and/or documentation regarding the status of the CSSD action in the case, specifics regarding payments and status of accounts, social security numbers, any negotiations or settlements made in the case, dates of hearings, paternity information and other sensitive information, and any other information that the CSSD or its authorized agents or employees maintain in the case file(s) or obtain through investigation. This information may be released to the above named individual or agency as if it were being released to me.

This release does not allow the undersigned, or any individual or agency named above, to receive access to information that is determined to be confidential under state or federal law, or that is otherwise protected from disclosure by law.

This authorization shall remain in effect until I revoke the authorization in writing and the CSSD acknowledges that it has received my written request.

Date

Signature