

**The Commonwealth of Massachusetts  
Department of Revenue  
Child Support Enforcement Division**

**Alan LeBovidge**  
Commissioner

P.O. Box 7057  
Boston, MA 02204

**Marilyn Ray Smith**  
Deputy Commissioner

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the release and disclosure of information about my child support case or cases to:

- My representative:  
 The Social Security Administration  
 Other:

At (address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization pertains to my child support case(s) with:

\_\_\_\_\_  
Name of other parent, legal guardian or child(ren)  
\_\_\_\_\_  
Name of other parent, legal guardian or child(ren)  
\_\_\_\_\_  
Name of other parent, legal guardian or child(ren)

Check the line that applies:

- Release all records and information, including wage and employment information, maintained by DOR.  
 Release all record, including wage and employment information, maintained by DOR, except:

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_