DEPARTMENT OF CHILDREN AND FAMILIES
Division of Family and Economic Security
Bureau of Child Support

CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

Information provided on this form (including any attachments) may be shared with others only for the purpose (s) of administration of the child support program and other related programs [Wis. statutes, s. 49.83]. Failure to provide your social security number may result in an information processing delay.

Individual Who is Subject of Record

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

Person or Organization to Whom Information May be Released

Name	Organization		
Street Address	City	State	Zip Code

Name and Address of Child Support Agency Being Authorized to Release Information

Name	Street Address	
MARATHON COUNTY CHILD SUPPORT	**400 E. THOMAS ST**	
City **WAUSAU**	State **WI**	Zip Code 54403

Specific Records Authorized for Release (include dates of records, if applicable)
Case information which a child support agency may release to the individual.
Note: Internal Revenue Service regulations prohibit release of any IRS data to any people other than to the involved parties. If the information in question was initially from the IRS, it cannot be provided.

Purpose or Need for Release of Information (be specific)

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 **DECEMBER 31, 2021**

☐ Authorization expires after the following action takes place:

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.

SIGNATURE – Individual Who is Subject of Record	**SIGNATURE** – Witness, if any	Date Signed
SIGNATURE – Other Person Legally Authorized to Consent to Disclosure (if applicable)	Title or Relationship to Individual Who is Subject of Record	Date Signed

Re: 45 CFR 303.21