



# TULALIP CHILD SUPPORT PROGRAM

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Mailing Address – 8825 34<sup>th</sup> Ave. NE Ste L545, Tulalip, WA. 98271

## ***AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION***

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

**DOB:** \_\_\_\_\_ **SS#** \*\*\*-\*\*-\_\_\_\_ **Tribal ID#** \_\_\_\_\_ **TCSE #** \_\_\_\_\_

I understand that my personal and financial records are protected under federal and state confidentiality regulations and cannot be disclosed to anyone without my written consent-unless it is directly-related to child support services (establishment of paternity; establishment, modification, and enforcement of child support obligations; and locating parents and their financial assets).

**By signing this form I hereby authorize the release of my confidential information to and from the following person(s) and department(s) listed. All information can be delivered verbally, electronically, by mail, and/or hand delivery.**

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

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

*Tulalip Tribal Court  
Natural Resources  
Central Benefits  
477 TANF*

*TTT/TGO/QCV Finance  
Education  
Beda?chelh  
Betty J. Taylor Early Learning/CCDF*

*Membership Distribution  
Tulalip Housing  
Youth Services*

\_\_\_\_\_  
Print Sign Date

\_\_\_\_\_  
TCSE Print Sign Date

*This release is valid for **two (2) years** from the date signed.*

*A copy of this form shall be considered as valid as the original.*

*I further understand that I may revoke this consent for person(s) at any time.*