

Authorization to Release Information to XXXX Workforce Center

My name is _____. I am a participant in *Putting Parents to Work program*. I authorize the *State Child Support Division* to disclose information or records in its possession or control that would be disclosed to me under applicable laws or rules to the *XXXX Workforce Center*.

This authorization applies to all cases I have with the *State Child Support Division*. I understand that this authorization will expire for each case at that time that the relevant case is closed. I may choose to revoke this authorization at any time by submitting a written revocation to *XXXX Workforce Center* and the *State Child Support Division*.

Signed,

Name

Date

Address: _____

City, State, Zip: _____

Telephone No: _____

Case ID #(s): _____