

## AUTHORIZATION TO DISCUSS AND/OR RELEASE INFORMATION

Mail completed form to:  
NH DHHS - DCSS  
CENTRAL INFORMATION UNIT  
129 PLEASANT ST  
CONCORD NH 03301-3857

or

Fax completed form to:  
(603) 271-4787

I, \_\_\_\_\_, DCSS Case ID \_\_\_\_\_, Social Security  
(Please clearly print your name.)

Number (SSN) \_\_\_\_\_, with \_\_\_\_\_ hereby  
(No SSN is required, if Case ID is provided) (If No Case ID, please print clearly the name of the Other Party in your case)

authorize and request the Division of Child Support Services (DCSS) to release to:

\_\_\_\_\_ the following information in the following authorized  
(Please print clearly the name of the designated individual or agency)

options:  All available information subject to release according to state and federal law  Bank attachment-  
related only  Custodial parent-related information that is case specific (please explain) \_\_\_\_\_

Financial information only  License revocation-related only  Property lien-related only

- By signing this release, I grant my permission for the information specified above to be discussed and/or released to the named individual or agency.
- I understand the release of confidential information is subject to State and Federal laws and that DCSS cannot share information with my authorized representative that it cannot share with me.
- I may rescind this authorization at any time but must do so in writing.
- I understand information provided by DCSS cannot be re-released by the receiving individual/agency without additional written authorization by the DCSS customer.

\_\_\_\_\_  
(DCSS Customer's Signature – subject to verification)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Representative's Signature)

\_\_\_\_\_  
(Date)

**NOTE: All authorizations expire one year from the date of the signature.**

For verification purposes, DCSS will require your Authorized Representative to answer one of the following questions. Check the verification question you choose and provide the answer in the space to the right.

- What's your high school's mascot? \_\_\_\_\_
- What are the last four digits of your Social Security Number? \_\_\_\_\_
- What is your Mother's Maiden Name? \_\_\_\_\_
- What is your Personal Identification Number? \_\_\_\_\_