



Title IV-D Child Support Services Program
Tribal Justice Center
56 Agency Road
P. O. Box 306
Fort Hall, ID 83203
Phone (208) 236-1068 * Fax (208) 236-1153



**AUTHORIZATION TO RELEASE PERSONAL, FINANCIAL AND/OR
CHILD SUPPORT INFORMATION**

Name _____

Birth date _____ Social Security No. _____

I, _____, authorize the Shoshone-Bannock Title IV-D Child Support Services Program (TCSSP) staff and its agents to verify the accuracy of information which I have provided to the TCSSP from all Sources. I give permission to release requested information to the TCSSP.

I authorize the TCSSP staff and its agents to disclose and/or release my personal, financial and/or child support information to parties and entities for the specific purpose of carrying out program duties of the TCSSP in the normal course of business to establish paternity; to establish, modify, and enforce child support orders; and to locate parents and their assets.

I release the TCSSP staff and its agents from any and all liability for releasing information as long as the information is utilized for the purposes directly connected with the administration of child support functions or under applicable Tribal and federal statutes and regulations related to Title IV-D child support enforcement programs.

I understand that a photocopy of this authorization form is valid and may be used in place of the original document.

Signature

Date

**THIS AUTHORIZATION FORM IS VALID FOR A PERIOD OF ONE YEAR FROM THE
DATE NOTED ABOVE.**