Release of Information Authorization Form

Case Information
Client Name: _____ TCSP Case Number: _____
Date of Birth (Releasing Party): _____ Phone Number: _____

1. Party Authorizing Release
I, _____, authorize the Tulalip Child Support Program (TCSP) to release information from my case file as described below.

2. Person or Agency Authorized to Receive Information
Name of person/agency: _____
Relationship to party: _____
Phone/Email: _____

This authorization includes the release of information to and from:

- Tulalip Tribal Departments
  (e.g., TANF/477, Enrollment, Housing, Court Clerk's Office, Probation, Behavioral Health, Family Services, Community Health, Education)
- Other Federally Recognized Tribal Departments or Programs
- Children's Schools and School Districts
  (for attendance, enrollment verification, or other case-related information)

Only information necessary to administer my child support case will be shared.

3. Information Authorized for Release (Initial each section you authorize)
_____ All information
_____ Case Status Information
_____ Payment & Collection Information
_____ Order Information
_____ Contact Information (releasing party only)
_____ Other: _____

4. Limitations of Release

- Only information related to the child support case will be released.
- No information about other parties will be provided.
- TCSP may deny release if prohibited by law.
- This authorization is voluntary.
- TCSP will not release confidential financial documents, Social Security numbers, copies of actual Tribal IDs, or information about other parties.

5. Validity & Expiration: *If nothing is checked, this form will become invalid in two (2) years*
Check one: _____ 30 days _____ 90 days _____ One year _____ Specific date: _____

I may revoke this authorization in writing at any time.

6. Acknowledgment & Signature

Signature: _____ Date: _____

TCSP Staff Receiving Form: _____ Date: _____