



*The Commonwealth of Massachusetts*  
*Department of Revenue*  
*Child Support Enforcement Division*

**Navjeet K. Bal**  
Commissioner

**Laurie McGrath**  
Deputy Commissioner

**INSTRUCTIONS  
FOR  
AUTHORIZATION FOR RELEASE OF INFORMATION FORM**

In order for DOR to release information to a third party, you must complete, sign, and return the enclosed Authorization for Release of Information. Once we have received this form, DOR will be authorized to discuss your case with the parties you listed on the form.

**Please return the completed form to:**

Massachusetts Department of Revenue  
Child Support Enforcement Division  
Customer Service Bureau  
P.O. Box 7057  
Boston, MA 02204



***The Commonwealth of Massachusetts***  
***Department of Revenue***  
***Child Support Enforcement Division***

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the release and disclosure of information about my child support case or cases to:

My representative: \_\_\_\_\_  
*(Please state name and relationship, e.g. spouse, family member, counselor, advocate, or friend.)*

The Social Security Administration

Other: \_\_\_\_\_

At (address): \_\_\_\_\_

Telephone #: \_\_\_\_\_

This authorization pertains to my child support case(s) with:

\_\_\_\_\_  
 Name of other parent, legal guardian or child(ren)

\_\_\_\_\_  
 Name of other parent, legal guardian or child(ren)

\_\_\_\_\_  
 Name of other parent, legal guardian or child(ren)

Check the line that applies:

Release all records and information, including wage and employment information, maintained by DOR.

Release all records, including wage and employment information, maintained by DOR, except:

\_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

PIN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\* This Authorization for Release of Information will be valid for two years from the above date at which time you may choose to resubmit this form.***