



Authorization for Release of Information

Authorization for Release of Information from the Child Support Services Division to the  
Department of Workforce Solutions and from the Department of Workforce Solutions to the  
Child Support Services Division

My name is \_\_\_\_\_ . I am a participant in the job opportunities program, Supporting, Training, Employing, Parents (STEPup!), which is a joint partnership between the Department of Workforce Solutions (DWS) and the Child Support Services Division (CSSD). To assist with the referral process and to have the ability to review my participation, I authorize CSSD and DWS to disclose to each other, relevant information or records in their possession or control that would normally be disclosed to me under applicable rules. CSSD information or records subject to this disclosure may include: mailing address, email address, phone number, date of birth, CSSD case number, employment history and enforcement activities. DWS may disclose the following: information pertaining to the status of my participation in the program, recommendations to assist me with my goal of getting a job consistent with my skills and abilities, referrals made to contractors, and potential employers' names and addresses.

This authorization applies to all cases I have with CSSD. I understand that this authorization will expire at that time the relevant case is closed by CSSD or when I am no longer a participant in this program. I may choose to revoke this authorization at any time by submitting a written revocation to DWS and the CSSD.

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

CSSD Case Number(s): \_\_\_\_\_