



Massachusetts Department of Revenue
 100 Cambridge St.
 Boston, MA 02114



Massachusetts Department of Revenue
 Child Support Enforcement Division

Amy A. Pitter, Commissioner
 Laurie McGrath, Deputy Commissioner

AUTHORIZATION FOR RELEASE OF INFORMATION

*If you want to authorize release of information to more than one person,
 you must complete a separate form for each person.*

I authorize the Child Support Enforcement Division of the Department of Revenue (DOR) to release and disclose information about my child support case or cases to (please print):

Name: D a n i e l l e A . T h o m a s o n , E s q .

First, Middle, Last

Address: P . O . B o x 1 4 , W i n c h e n d o n , M A 0 1 4 7 5

Home telephone number:

Other phone numbers: Cell: Work: 9 7 8 - 2 9 7 - 7 0 0 5

Relationship of this person to you:

Spouse

Friend

Other: (specify relationship) A t t o r n e y

I understand that by signing this form I am authorizing DOR to share with the person indicated above, any and all information about any and all of my child support cases that DOR would be able to share with me.

Your name:

PIN:

Telephone #:

Signature: _____

Date:

**** This Authorization for Release of Information will be valid for two years from the date you sign this form.**

