



### THIRD PARTY AUTHORIZATION

Date:

Division Case Number:

Person Giving Authorization: (print name)

I authorize the Division of Child Support Enforcement to release and disclose information about my child support case or cases to the party named below. I hereby grant permission to DCSE to discuss me and my child support case with the authorized party named below.

Authorized party: (print name) \_\_\_\_\_

Authorized Party's Relationship to me: (check one).

Attorney  Friend  Spouse  Mediator  Parent  Employer, or  Other

Authorized Party's phone number: ( ) \_\_\_\_\_

This authorization: (check one)

shall remain in effect unless or until I give written notice stating otherwise OR

specify the date at which this authorization ends: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person Giving Authorization's Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

To obtain additional case and/or payment information, visit our customer service portal at <https://mychildsupport.dss.virginia.gov/>.