



THIRD PARTY AUTHORIZATION

Date:

Division Case Number:

Person Giving Authorization (print first and last name):

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

Authorized Party: (print first and last name):

Authorized Party's relationship to me (check one):

- Attorney
- Friend
- Spouse
- Mediator
- Parent
- Employer
- Other:

Authorized Party's phone number:

This authorization (check one):

- Remains in effect until I give written notice stating otherwise; or
- Specify the date at which this authorization ends (date):

Signature: _____

Date:

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