RED CLIFF FAMILY SERVICES DIVISION
Red Cliff Child Support Services Agency
88385 Pike Road Hwy 13
Bayfield, WI. 54814
PH(715)-779-3769
Fax(715)779-3771

CONFIDENTIAL INFORMATION RELEASE AUTHORIIZATION

The provision of you social security number is voluntary. Failure to provide your social security may result in an information processing delay.

INDIVIDUAL Who is Subject to Record

Name (Last, First, MI, Maiden)	Social Security Number (SSN)	Date of Birth
Street Address	City, State, Zip Code	

Person or Organization to Whom Information May be Released

Name	
Street Address	City, State, Zip Code

Name and Address of Person or Organization Being Authorized to Release Information

Name	
Street Address	City, State, Zip Code

Specific Records Authorized for Release (include dates of records, if applicable)

Purpose or Need for Release of Information (be specific)

I understand that I may revoke this authorization, in writing, at any time except where Information has already been released as a result of this authorization. Unless revoked, this authorization remains in effect until the expiration time I have Indicated and initialed below.

- ☐ **Authorization expires as of_____(Date)**
- ☐ **Authorization expires_____month(s) from the date I sign this authorization**
- ☐ **Authorization expires after the following action takes place: .**

I understand that if I am protected by a restraining order or I have reason to believe I may be harmed emotionally or physically, I have a right to request that information on my whereabouts be withheld from anyone including other parties to my court case. I hereby release the Red Cliff Child Support Services Agency from liability for the release of any information authorized under this agreement.

As evidence by my signature below, I hereby authorize disclosure of records to the person(s) or agency(s) specified above.

Signature of Individual Who is Subject of Record	Signature of Witness, in any	Date Signed
Signature of Other Person Legally Authorized to Consent to Disclose (If applicable)	Title or Relationship to Individual Who is Subject of Record	Date Signed