



County of Orleans
Child Support Enforcement Unit
 14016 Route 31 West Albion, New York 14411-9365
 1-888-208-4485 Fax (585) 589-3210 TTY 1-866-875-9975
 VRS available @ http://www.fcc.gov/cgb/dro/trs_providers.html

THOMAS D. KURYLA
 Commissioner

JANET CHEVERIE
 Coordinator

RELEASE OF INFORMATION

Acct.# _____

I, _____ of _____
 (respondent name) (respondent address)

Authorize the **Orleans County Child Support Enforcement Unit** to exchange information regarding my child support case with the following persons/organizations:

_____ (name of persons/organizations to/from which disclosure is made)

I understand that my records are protected under federal and specific state confidentiality laws and cannot be disclosed without my written consent unless otherwise provided for in regulations. This consent automatically expires when my child support case is closed. However, I may revoke this consent at any time prior to closing. **I understand that I must notify the Support Collection Unit in the event that I no longer wish for disclosures to be made to a certain person or organization.**

I further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will.

 Signature

 Date

Sworn to before me
 This ____ day of _____, 200__.

 Notary

MUST BE UPDATED YEARLY