



Commonwealth of the Northern Mariana Islands
Office of the Attorney General

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EDWARD MANIBUSAN
Attorney General

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Deputy Attorney General

CHILD SUPPORT ENFORCEMENT DIVISION
AUTHORIZATION FOR RELEASE OF INFORMATION

A. [ ] Custodial [ ] Non-Custodial Parent Information

Table with 2 columns: Name, Address, Case#, City, DOB, SSN, State, Contact, Zip Code

I \_\_\_\_\_, hereby authorize and request the Office of the Attorney General, Child Support Enforcement (CSED) to disclose any information about my child support case to the following:

B. 3rd Party Information

Table with 2 columns: Name, Address, DOB, SSN, City, Contact, State, Relationship to A above, Zip Code

By signing this form, I am authorizing a third party to act as a representative to receive information only and not act in any way regarding my child support case. I understand that this authorization will automatically expire if my case is closed. I may choose to revoke this authorization at any time by submitting a completed Revocation of Authorization for Release of Information to CSED. I understand that the Office of the Attorney General, Child Support Enforcement Division is not responsible for disputes between the listed party and myself as a result of this arrangement. This authorization form becomes valid when notarized.

CP/ NCP Signature

Authorized Party Signature

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, CNMI by \_\_\_\_\_ to be his/her free act and deed.

Signature of Notary Public

SEAL

Print Name of Notary Public

Notary Public, CNMI

My commission expires: \_\_\_\_\_