



Commonwealth of the Northern Mariana Islands
Office of the Attorney General

2nd Floor Hon. Juan A. Sablan Memorial Bldg.
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Saipan, MP 96950

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Attorney General

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CHILD SUPPORT ENFORCEMENT DIVISION
REVOCATION OF AUTHORIZATION FOR
RELEASE OF INFORMATION

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

Table with 2 columns and 4 rows: Name, Address, Case#, City, DOB, SSN, State, Contact, Zip Code

I request that the Office of the Attorney General, Child Support enforcement Division (CSED) revoke (cancel) the authorization that I have on file which permits the following person(s) or entity to access my child support case information

Person(s)/ Entity Previously authorized to received my information:

B. Authorized Party Information

Table with 2 columns and 4 rows: Name, Address, DOB, SSN, City, Contact, State, Relationship to A above, Zip Code

I understand that signing and submitting this form will end my previous authorization to release information. I understand that this revocation will be effective three business days after CSED received it. This revocation will not be effective for information that CSED previously disclosed between the time that the Authorization is signed and when the revocation is received. I understand that disclosure of any information released prior to this revocation may have already occurred or may occur in the future without my knowledge or consent; therefore, the privacy of my case information may no longer be protected by the authorization.

Signature: _____

Print name: _____

Date: ___/___/___
MM DD YYYY