



CHEROKEE NATION OFFICE OF CHILD SUPPORT SERVICES
HUMAN SERVICES DIVISION

RELEASE OF INFORMATION (ROI)

Instructions: This form is to be completed when a party requests information from CN OCSS to be sent to an agency or a third party. A new form should be completed for every request. This form cannot be used for multiple cases of the same custodial party or non-custodial party.

Name

Case # & Last 4 Digits of SSN

Address

Phone Number

Being the Custodial Party Non-Custodial Party on the case listed above, I authorize full release of the following information and/or document(s) from my file to the agency listed below.

Pay History:

Other Document(s) and/or Info Needed:

Previous 6-months

Previous 12-months

Other timeframes _____

Information Requested For: Housing Child Care TANF Food Stamps

Family Assistance Food Distribution Other: _____

Agency for Release:

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Point-Of-Contact: _____

Confidentiality disclaimer:

Cherokee Nation Office of Child Support Services is dedicated to protecting your confidentiality. We will not share your personal information to non-child support IV-D agencies/third parties without your permission.



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VERIFICATION

I, having been fully explained the information above and authorize Cherokee Nation Office of Child Support Services to share the requested document(s) with the agency listed.

Finally, being of sound mind, I affirm to the facts presented within this document and lend my signature without duress under penalty of perjury on this ____ day of _____, 20____. This document will be valid for 1 year from the date of signature. I understand if I want to stop any release of information before the 1 year time frame, it is my responsibility to inform CN OCSS to stop releasing the information to this third party/agency.

Print Name

Signature

NOTARIAL BOND

STATE OF _____)

)ss

COUNTY OF _____)

I, _____, being a duly certified Notary Public of the State of Oklahoma, I certify the foregoing personally appeared, signed and sworn to (or affirmed) before me on the preceding date.

Notary Public

[seal]

Commission Expiration

Commission No.