



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.

