LAW OFFICES OF
TAD J. BISTOR, LLC

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ALSO ADMITTED IN NEW YORK

AUTHORIZATION FOR RELEASE OF SUPPORT ENFORCEMENT RECORDS

Name:_____ DOB:_____ SS#:_____

I, the undersigned individual, hereby authorize the Connecticut Support Enforcement Services to release to the **Law Offices of Tad J. Bistor, LLC, P.O. Box 1454, Hartford, CT 06144-1454,** any information requested concerning my Support Enforcement records to which I, myself, would be entitled to request, including, but not limited to, identifying information, including social security numbers, names, current and former addresses, dates and places of birth, and parents' names; the types and amounts of all payments received from me and the payee to which they were disbursed; employment records; medical records and reports; and all other records and reports contained in my file.

I further specifically authorize the release of the following additional information (specify): _____

_____

I am requesting disclosure of this information for the following purpose: For use in their representation of me in Family Court and/or the Family Support Magistrate Court.

I am the individual to whom such information applies or that person's parent (if a minor) or legal guardian. I understand that the records and reports to be released may contain information that is protected from disclosure under applicable laws, and hereby waive such protection with regard to disclosure of the above information to the Law Offices of Tad J. Bistor, LLC. This information, however, shall not be transmitted to anyone else without written consent or other authorization. I know that if I make any representation that I know to be false in order to obtain information from the Support Enforcement Services' records, I can be punished by a fine or imprisonment or both.

This consent to disclose information may be revoked by me at any time except to the extent that action has been taken in reliance thereon.

Please honor a photocopy of this Authorization as fully as the original.

Date:_____ _____

Signature of Individual or Legal Representative

STATE OF CONNECTICUT)
) ss:
COUNTY OF HARTFORD)

Personally appeared, _____, known or otherwise proven to me, to be the signer and sealer of the foregoing instrument, who acknowledged the same to be their free act and deed, before me.

_____

Notary Public / Commissioner of the Superior Court
My Commission expires: