



ILLINOIS
STATE DISBURSEMENT UNIT
P.O. Box 5921
Carol Stream, IL 60197-5921
Customer Service: (877) 255-7077

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____, whose birth date is _____
Requestor's name as found in department records Month / Day / Year

Authorize the Illinois State Disbursement Unit to disclose to:

Your (participant) name or person or organization to which disclosure is to be mailed/provided

The following information pertaining the below listed docket number(s):

Table with 2 columns: Docket Number, Issuing County. Includes five rows of blank lines for entry.

(Nature of the information to be disclosed - purpose for disclosure)

This consent expires on: _____
(This consent automatically expires 120 days from the date notarized, unless the above date exceeds it)

Signature of Affiant

Date

If your docket was issued from Cook County and you do not have a child support case with the Department of Healthcare and Family Services, you must have this request notarized. If the form has been notarized, please mail to the address listed above.

Subscribed and sworn to before me this
_____ Day of _____, 20____,

Notary Public

Imaging Category:
Miscellaneous For Agency Staff
Use Only: _____
Custodial Parent's RIN: _____

Requestor's RIN: