

MC: ME
Bar Code Area
FS#:
Central File Maintenance
P.O. BOX 12048
AUSTIN, TX 78711-2048



KEN PAXTON
ATTORNEY GENERAL *of* TEXAS
CHILD SUPPORT DIVISION

Date:
OAG Case Number:

**Si necesita asistencia para leer esta carta, por
favor llame al número: 1-800-252-8014**

Dear _____ :

We currently have in our files your authorization to release information and/or child support payments to another party. To revoke this authorization, please complete the enclosed form.

Please return the completed form to:

Office of the Attorney General
Central File Maintenance
P.O. BOX 12048
Austin, TX 78711-2048

If you have any questions, please call our offices at 1-800-252-8014

MC:

Attorney General Case #:

REVOCATION OF AUTHORIZATION FOR RELEASE OF INFORMATION OR PAYMENTS

Print your current name: _____

Other names you have used: _____

Name of the other party in the case: _____

Names of all children on this case: _____

OAG Case Number (10 digit number included in OAG correspondence about this case): _____

Phone number where you can be contacted: (____) _____

- home
- work
- cell
- relative or friend

By submitting this completed, signed, and dated form, I am instructing the Office of the Attorney General (OAG) to do the following: *(You must place your initials next to each item that applies.)*

Revoke my authorization to release information or records on my case <i>(OAG number given above)</i>	Initials: _____
Do not release any information or records to the following person:	
Name: _____	Phone Number: _____
Address: _____	City, State: _____ Zip Code: _____
I understand that information or records will no longer be sent to the above named person unless I submit another Authorization for Release of Information or Payments form.	

Revoke my authorization to send payments to another person.	Initials: _____
Do not send any more payments to the following person or entity:	
Name: _____	Phone Number: _____
Address: _____	City, State: _____ Zip Code: _____
I understand that payments will no longer be sent to the above named person unless I submit another Authorization for Release of Information or Payments form.	

I understand that the Office of the Attorney General of Texas is not responsible for disputes between the listed party and me as a result of this arrangement. *(Please note the date of your signature is required.)*

Signature

Date *(required)*

Address

City, State, ZIP