

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

You do not have to redirect your payments in order to release information or records. The two choices provided below are independent of each other.

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

Release information or records on my case
(OAG number given above)

This person is (check one)

- my attorney
- a private collection agency
- a representative that I am designating.

Initials: _____

Name : _____

Phone Number: _____

Address : _____

City, State: _____

Zipcode: _____

OR

Send any payments on my case (OAG number given above) to the person I am naming below. I understand that this may delay my receiving my payment. I also understand that this revokes any direct deposit authorization that I have already given to the Office of the Attorney General.

Initials: _____

This person is (check one)

- my attorney
- a private collection agency
- a representative that I am designating.

Name: _____

Phone Number: _____

Address: _____

City, State: _____

Zipcode: _____

I understand that this authorization automatically expires if the case is closed. I may choose to revoke this authorization at any time by submitting a completed, signed, and dated Revocation of Authorization for Release of Information or Payments.

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 _____