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**STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
CHILD SUPPORT ENFORCEMENT AGENCY**

OAHU BRANCH
601 Kamokila Boulevard, Suite 251, Kapolei, Hawaii 96707-2021
(808) 207-9915 Mainland: 1-888-314-0037 Fax: (808) 692-7060

APPROVAL OF AUTHORIZED REPRESENTATION

I, _____, SSN _____-_____-_____,
hereby give approval to the person that I am naming on this authorization form, access and/or
the rights to my records that are held by the Child Support Enforcement Agency. I hereby waive
all claims against the CSEA arising from information released pursuant to this form.

All the information in this section must be completed:

CSEA Case Number: _____

Authorized Representative Name: _____

Authorized Representative is my Attorney: [] No [] Yes - Attorney ID_

Authorized Representative Address: _____

Authorized Representative Telephone #: (_____) _____ Ext: _____

This person is authorized to perform the actions that are checked concerning my case for:

Start Date: * _____ Ending Date: ** _____

* If you do not enter a start date for the authorization, we will **not** update your records to reflect the person that you have named as your authorized representative.
** If you do not enter an end date for the authorization, we will automatically terminate the authorization 12 months following the "Start Date."

The individual named above is authorized to perform the actions that I have checked:

- Receive all information on my behalf
- Change my address and telephone number
- Update my employment information
- Receive all mail from the Agency that is addressed to me
- Receive and sign for any legal document on my behalf as required under HRS §576E-4 that may be transmitted by the Child Support Enforcement Agency

Signed: _____ **Date:** _____