

DAVID Y. IGE  
GOVERNOR



CLARE E. CONNORS  
ATTORNEY GENERAL

LYNETTE J. LAU  
ADMINISTRATOR

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

OAHU BRANCH  
601 Kamokila Boulevard, Suite 251, Kapolei, Hawaii 96707-2021  
Oahu: (808) 692-8265 All others: 1-888-317-9081 Fax: (808) 692-7060

**APPROVAL OF AUTHORIZED REPRESENTATION**

I, (Print Your Name), 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:** \_\_\_\_\_