



Department of Revenue
Child Support Enforcement Division
550 West 7th Ave, Suite 310
Anchorage, AK 99501

The applicant(s) signature(s) below authorizes the release of child support information in accordance with AS 25.27.273, for the purpose of determining eligibility for a state loan under AS 03.10.030(i).

Signature:	Signature:
Printed Name:	Printed Name:
Social Security No:	Social Security No:

*****FOR CSED USE ONLY*****

Please complete the following and return this document to the above address.

The above-named Applicant:

___ **Does not** have past due child support payments and is, therefore, eligible for a loan in accordance with AS 03.10.030(i)

___ **Does** have past due child support obligations for the following amount(s):\$ _____

Authorized Signature:	Name:
Date:	Title: