



Department of Revenue  
Child Support Enforcement Division  
550 West 7<sup>th</sup> 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: