

STATE OF OREGON, Child Support Program, by the Administrator (ORS 25.010)

County: \_\_\_\_\_ Court #: \_\_\_\_\_ CSP #: \_\_\_\_\_

Other Jurisdiction (if any): \_\_\_\_\_ Case #: \_\_\_\_\_

Participants: \_\_\_\_\_, Obligor  
\_\_\_\_\_, Obligee  
\_\_\_\_\_, Other party (if any)

Children: \_\_\_\_\_  
\_\_\_\_\_, Child Attending School (if any)  
\_\_\_\_\_, Adult Child (if any)

### Certification of Delivery for Consent for Disclosure Child Attending School

I, \_\_\_\_\_, certify I provided a copy of the Consent for Disclosure form authorizing my school, \_\_\_\_\_, to release academic records regarding my enrollment status, academic progress, grades, and a list of courses in which I am enrolled to \_\_\_\_\_, the parent ordered to pay support, on \_\_\_\_\_, using the following method:

*(school name)*

*(paying parent name)*

*(date)*

Email to \_\_\_\_\_  
*(paying parent email address).*

Regular mail to \_\_\_\_\_  
\_\_\_\_\_  
*(paying parent mailing address).*

Hand delivered

Other \_\_\_\_\_  
*(method of delivery).*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

**Submit the completed form through your online account, by mail, email, or fax to:**

Oregon Child Support Program  
Child Attending School Team  
PO Box 14680  
Salem, OR 97309  
Phone: 503-986-5137  
Fax: 503-986-0543  
Email: ChildSupportCAST@doj.oregon.gov