

Your Logo Here

VERIFICATION OF REGULAR CONTRIBUTIONS

Employer: _____

RE: _____
SSN: _____
DATE: _____

Please return to _____ at the address or fax below or email to: _____.
Thank you for your prompt response. All information is confidential. Please contact _____ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY PERSON PROVIDING REGULAR CONTRIBUTIONS

I hereby certify that I pay \$ _____ per _____ (Month/Week) to the support of:

Name

Address/City/State/Zip

Notes/Additional Information:

Signature Printed Name Date

Address/City/State/Zip

Phone Fax Email

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

1st Request _____ 2nd Request _____ 3rd Request _____