

CSE THIRD PARTY ACCESS APPLICATION

REQUESTOR INFORMATION	
Name of Requestor (organization filing this application):	
Contact person for request	Title:
Contact number:	Fax number #:
Email :	
Information Security Officer's name:	Title:
Phone Number:	Email Address:
Name of person that will sign the MOU for Requestor	Title:
Describe statutory authority which allows disclosure of child support information to Requestor.	
For what purpose will requestor use child support information?	
Number of users requested.	
Signature of Requestor or Designee	
Date	