RESET

Department of the Treasury
Bureau of the Fiscal Service

Authorization for Release of Information

Fax completed form to: **(920) 237-8823**
Centralized Receivables Service (CRS)

1. **TO:** U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service)

FROM:

Name *(include alias and maiden names):*	Mailing Address *(include street address, P.O. box, suite no., city, state, zip code):*	
Social Security Number or Employer Identification Number:	Telephone No.:	Fax No.

2. I authorize Fiscal Service, its employees, agents, and contractors, to disclose to the following person:

REPRESENTATIVE:

Name *(include alias and maiden names):*	Mailing Address *(include street address, P.O. box, suite no., city, state, zip code):*	
Company Name *(optional)*:	Telephone No.:	Fax No.

any and all information related to a receivable owed by me to the United States Government.

3. Fiscal Service, its employees, agents, and contractors, are not required to inform me of disclosures made under this authorization.
4. This authorization will be valid for 6 months from the date of signing, unless sooner revoked by me in writing and the revocation is received and processed by Fiscal Service at this address: CRS Servicing, P.O. Box 2411, Oshkosh, WI 54903.
5. A photocopy or facsimile copy of this signed authorization has the same force and effect as an original.

The person named in paragraph 1 must sign below. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the individual obligor, I certify that I have the authority to execute this form. **A separate Fiscal Sserice Form 14 must be provided for each obligor.**

_____ _____
Signature of Person Authorizing Disclosure Date

_____ _____
Print Name of Person Authorizing Disclosure Print Title of Person Authorizing Disclosure

Privacy Act Statement: Collection of this information is authorized by 5 U.S.C. §§ 552a and 7701(c). This information will be used to identify your receivables owed to Federal agencies that use CRS services. This information will be disclosed to persons as authorized by you. Additional disclosures of this information may be to Federal agencies collecting your debt or issuing payments to you. The purpose of the additional disclosures will be to verify the accuracy of the information provided and to assist with proper application of payments to balances due, and pursuit of collection of any amounts remaining unpaid. Where the taxpayer identification number is your Social Security Number, collection of this information is required by 31 U.S.C. § 7701(c). If you fail to furnish the information requested on this form, including your Social Security Number, Fiscal Service will not disclose to third parties information concerning receivables owed by you and being collected through CRS.