

CSE THIRD PARTY ACCESS APPLICATION

PROGRAM: _____

(IV-A, IV-E OR DA PROSECUTOR)

REQUESTOR INFORMATION	
Name of Requestor/Address (organization filing this application):	
Contact person for request:	Title:
Contact Number:	Fax Number #:
E-Mail:	
Applicant Program Information Security Officer Name:	Title:
Phone Number:	E-Mail Address:
Applicant Program IT Contact Name:	Phone Number:
	E-Mail Address:
LCSA IT Contact Name:	LCSA IT Phone Number
	LCSA IT E-Mail 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 and Date:	

