



## MATCH ELIGIBILITY FORM

### OKLAHOMA TAX COMMISSION AND DEPARTMENT OF HUMAN SERVICES AUTHORIZATION TO DISCLOSE INFORMATION FOR THE SEED FOR OKLAHOMA KIDS STUDY

The SEED OK Savings Match is an incentive to save for your child's future. Please fill out this Match Eligibility Form and return it in the enclosed envelope. The State of Oklahoma will use this information for the sole purpose of determining if you qualify for the Savings Match. To protect your privacy, the Oklahoma Tax Commission and Department of Human Services may only release information to the State Treasurer's Office with your written permission.

Pursuant to the provisions of Section 205 c. (25) of the Oklahoma Uniform Tax Procedure Code (68 O.S.), I request that information relating to the individual income tax returns (Form 511) of the Study Participant identified by name and social security number below be released to the Oklahoma State Treasurer's Office. The Oklahoma State Treasurer's Office is authorized to use only the information from the individual income tax returns (Form 511) of the Study Participant identified below that is necessary to determine eligibility for Savings Match funds under the SEED for Oklahoma Kids Study.

I also request that the Oklahoma Department of Human Services (OKDHS) release to the Oklahoma State Treasurer's Office public benefits receipt information as needed to determine eligibility for Savings Match funds under the SEED for Oklahoma Kids Study. The name, social security number and date of birth of the Study Participant listed below will be used to locate any OKDHS case information.

Study Participant (the individual who completed the SEED OK Study phone interview)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Study Participant Social Security Number (**required**)

\_\_\_\_\_  
Study Participant Date of Birth

\_\_\_\_\_  
Study Participant Signature (**required**)

\_\_\_\_\_  
Date

List other name(s) you may have used to file Oklahoma Income Tax Returns in the last two years:

1. \_\_\_\_\_  
First Name Last Name (please print)
2. \_\_\_\_\_  
First Name Last Name (please print)
3. \_\_\_\_\_  
First Name Last Name (please print)

**Complete and return this form to:**  
Oklahoma State Treasurer, State Capitol Building  
2300 North Lincoln, Room 217  
Oklahoma City, OK 73105-4895  
1-866-733-3465