



WASHINGTON COUNTY

OHIO

CHILD SUPPORT ENFORCEMENT AGENCY
205 Putnam Street, 4th Floor; Marietta, Ohio 45750

Kimberly A Hinkle, Director
Phone: 740-373-9324 Fax: 740- 373-9447

APPROVAL OF AUTHORIZED REPRESENTATION

Pursuant to Ohio Administrative Code 5101 : 12-1-20.1 Use of Information,

I, _____, SSN _____ - _____ - _____, hereby give approval to the person that I am naming on this authorization form, access and/or the rights to my records that are held by the Washington County Child Support Enforcement Agency (CSEA). I hereby waive all claims against the CSEA arising from information released pursuant to this form.

All the information in this section must be completed:

SETS Case Number _____
Authorized Representative Name: _____
Authorized Representative is my Attorney: [] No [] Yes (Attorney ID) _____
Authorized Representative Address: _____

Authorized Representative Telephone: _____ Ext: _____

This person is authorized to perform the actions that are checked concerning my case, the information asked for below must be completed or it may delay the processing of your request:

Start Date: _____ End Date: _____

*If you do not enter a start date for the authorization, CSEA will not update your records to reflect the person you have named as the authorized representative.

*If you do not enter an end date for the authorization, we will automatically terminate the authorization 12 months following the "Start Date."

The individual named above is authorized to perform the actions that I have checked (check all that pertain):

- [] Receive all information on my behalf
- [] Change my address and telephone number
- [] Update my employment information
- [] Receive all mail from the agency that is addressed to me
- [] Receive and sign for any document on my behalf that may be transmitted by the CSEA

Signed: _____ Date: _____