



OHIO  
**WASHINGTON**  
COUNTY

**CHILD SUPPORT ENFORCEMENT AGENCY**  
205 Putnam Street, 4<sup>th</sup> Floor; Marietta, Ohio 45750

**Kimberly A. Hinkle, Director**  
PHONE (740) 373-9324 FAX (740) 373-9447

### AUTHORIZATION TO DISCLOSE CASE INFORMATION

Federal and state guidelines restrict our agency's ability to release case specific information. If you wish to release information regarding your case(s) to another party, including an attorney who is currently representing you, please complete the following information. If you have multiple child support cases, you must indicate all cases for which you are authorizing our agency to release information. Return the signed document to the address listed above. By signing this form, you will be granting the CSEA permission to disclose all case information to which you are entitled, to the designated individual listed on this form and will be allowing them to provide updated case information on your behalf. All information must be completed, or it may delay the processing of your request.

**I hereby authorize the Washington County CSEA to release all case information as permitted by OAC 5101:12-1-20.1 for the case(s) listed below to the authorized individual. Further, I authorize this person to provide the CSEA with updated case information on my behalf. I hereby waive all claims against the CSEA arising from information released by the CSEA and/or provided to the CSEA pursuant to this form.**

<b>YOUR NAME</b>		<b>SSN</b>	
<b>CASE NUMBER(S)</b>			
<b>YOUR PHONE NUMBER</b>			
<b>YOUR ADDRESS</b>			
<b>AUTHORIZED PERSON</b>			
<b>AUTHORIZED PERSON'S FULL ADDRESS</b>			
<b>AUTHORIZED PERSON'S PHONE NUMBER</b>			
<b>RELATIONSHIP/TITLE</b>		<b>ATTORNEY</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>DURATION OF RELEASE (if left blank, will begin at signature date and expire in 12 months)</b>	<b>FROM DATE:</b>		<b>TO DATE:</b>
<b>YOUR SIGNATURE</b>			<b>DATE</b>

**\*The Washington County CSEA may revoke this authorization in the event the Authorized Representative uses violence or threatening language directed at Agency staff, is disruptive and/or inappropriate while speaking or meeting with Agency staff or uses factual misrepresentation with the Agency or Agency client.**