

Licking County Child Support Enforcement Agency

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Elizabeth P. Winegar
Director

AUTHORIZATION FOR RELEASE OF INFORMATION

Licking County CSEA is hereby granted my permission to release

and/or exchange with _____ such information as may be
(Agency name or individuals name)

necessary regarding the services for: _____
(Print or type full name of client)

ALL FIELDS REQUIRED

Purpose or need for information:

Specific information to be released:

*This consent is valid for a one time release of the requested information.
Once the requested information is released, the authorization is null in void.

Do you have multiple cases? Yes No

What case(s) does the Release apply to? _____

This consent to disclose information may be revoked in writing by the client at any time.

Signature: _____ Date: _____

- * This date represents a one time date, for example, an individual is releasing the Health Department for the release payment information for purposes of benefits. Following the one time release of the specified information, the release form is null in void.
- The Licking County CSEA is required to hold in private; information contained in a file pursuant to Ohio Revised Code (ORC) 1347.08
- The Licking County CSEA cannot release any specified information in a file not yet made a matter of public record without expressed consent of the person who is the subject of information on file.
- The information released shall be information pertaining only to the requesting party who is subject of the information on file.
- Pursuant to Ohio Revised Code (ORC) 5101.271, information disclosed pursuant to the authorization may be disclosed by the recipient of the information and may no longer be protected from disclosure.