

# Licking County Child Support Enforcement Agency

65 E. Main St.  
Newark, Ohio 43055  
Phone (740) 670-5998  
Fax (740) 670-5900  
Toll Free 1-800-513-1128

Elizabeth P. Winegar  
Director

## AUTHORIZED REPRESENTATIVE

Licking County CSEA is hereby granted my permission to release to \_\_\_\_\_  
(Print or type full name of party)  
such information as may be necessary regarding child support services.

### ALL FIELDS REQUIRED/MUST PROVIDE PICTURE ID

IF RETURNING BY MAIL YOU MUST PROVIDE A COPY OF A PHOTO ID OF THE AUTHORIZED REPRESENTATIVE

Print name of authorized representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Specific information to be released:

This consent expires:

90 Days

180 Days

365 days

When information is received\*

Do you have multiple cases?  Yes  No

What case(s) does the Representation apply to? \_\_\_\_\_

Signature of person completing the form : \_\_\_\_\_ Date: \_\_\_\_\_

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

\* 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.