



Child Support Enforcement Agency • 222 East Central Parkway, Cincinnati, OH 45202
(513) 946-1000 • www.hcjfs.org

Authorization to Release Information

This form gives Hamilton County Child Support Enforcement Agency (CSEA) legal authorization to release information you specify about your child support case to a specific party, authorized representative or organization for a specific amount of time. Below are several important issues regarding the release of information.

- CSEA can release information only about the individual whose signature appears below. If you want CSEA to release information about the other parent in your child support case, the other parent must complete and sign an Authorization to Release Information.
- Children's information is defined by the Ohio Department of Job and Family Services as belonging to the custodial parent's record only. So information about the child or children in a child support case can be released only with the custodial parent's signature.
- If the information being requested has been filed with a court, it is public record and may be obtained from the appropriate Clerk of Court without a release form.

Authorization

I, _____, authorize
Full name of Obligor (person paying support) or Obligee (person receiving support)

Hamilton County Child Support Enforcement Agency to release the information listed below regarding my child support case to:

Name of specific party, authorized representative or organization: _____ Title: _____

Street Address: _____ City/State: _____
_____ Zip: _____

Note to Authorized Party or Organization: You must present this form when picking up information from any CSEA representative or the Cashier's Office. On file copies are not available to all personnel.

Information to be Released

- Payment History – From: Month ____ Year ____ To: Month ____ Year ____
- Court Order for Child Support Child Support Audit
- Other (please specify) _____
- _____
- _____

Duration of Access to Your Child Support Information

Please indicate the amount of time the specific party, authorized representative or organization should have access to the child support information you indicated above. **If you do not specify a time period, the information you have indicated will be released on a one-time only basis.**

From: Month ____ Year ____ To: Month ____ Year ____

Signature

_____	_____	_____	_____
Obligor or Obligee's Signature	SETS Case Number or Social Security Number	Phone	Date

Return this form by

Mail: Child Support Enforcement Agency
222 East Central Parkway
Cincinnati, Ohio 45202

Fax: (513) 946-2396