

**AUTHORIZATION TO RELEASE INFORMATION
REGARDING CHILD SUPPORT**

I _____ hereby authorize the employee and/or agents of the Clermont County Child Support Enforcement Division to release to _____, any information regarding my child support case (case # _____), including but not limited to legally protected information such as address, payments, arrearage, distribution, and collection of child support. This release allows the Clermont County CSE to release to _____ copies of any records of the information to which I might otherwise be entitled to receive if I requested said items.

The foregoing authorization shall continue in full force and effect for 1 year or until revoked by me in writing, whichever occurs first. A photocopy of this authorization shall have the same force and effect as the original.

SETS # _____

Signature

Signed before me on the _____ day of _____, 20_____.

Notary Public