

**AUTHORIZATION TO RELEASE INFORMATION
TO CLERMONT COUNTY CHILD SUPPORT ENFORCEMENT**

I understand that Ohio Means Jobs, Clermont County, has an obligation to keep my personal information and my case record confidential. I also understand that I can chose to allow OMJ, Clermont County, to release some of my information to certain individuals or agencies.

I _____ hereby authorize the employees and/or agents of Ohio Means Jobs, Clermont County to release to Clermont County CSE any information regarding my Ohio Means Jobs visit history. The information may be shared by phone, Fax, mail, or email.

The foregoing authorization shall continue in full force and effect until revoked or withdrawn by me in writing. A photocopy of this authorization shall have the same force and effect as the original.

NAME _____ DATE _____

SETS # (s) _____

Signature /OMJ Client

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

Notary Public