

**OFFICE OF PROSECUTING ATTORNEY
CHILD SUPPORT ENFORCEMENT AGENCY
WAYNE COUNTY, OHIO**

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THIRD PARTY AUTHORIZATION

Federal and state guidelines define the agency's ability to release information regarding your case. If you wish to release all information about your case to another party, including an attorney who is currently representing you, please provide the party's name, your relationship to that party, and the case number for which you are granting permission in the space provided below. Return this signed document to the address shown above. Upon receipt of this form, we will note in your case file the name of the party who may receive this information. This permits the CSEA to release information to the authorized party for a period of one year or less.

I hereby authorize the Wayne County CSEA to release any information pertaining to the case listed below to the authorized person identified below.

Your Name			
Case Number			
Your Phone Number			
Your Address			
Authorized Person			
Authorized Person's Address			
Authorized Person's Phone			
Relationship to Authorized Person			
Release Valid for One Year or Less if Designated Here	From Date:		To Date:
Your Signature			
Today's Date			