Case Disclosure Authorization

Name:			
Address:			
City:	State	e: Zip (Code:
CSEA (SETS) Ca	se Number:		_
***ONE OF THE	BOXES BELOW M	UST BE SELECTED	FOR FORM TO BE CONSIDERED VALID ***
discuss my cas information m	e with the Sand aintained by the OR uthorize and giv	lusky County Ce CSEA that pe	mission to the person listed below to SEA and to review the case retains solely to me. mission to the person listed below to ormation that pertains solely to me.
Relationship: (Length of Auth The authorizat authorization b	norization: ion will last thro by submitting a OR	other, attorney oughout the lit written stater	r, etc) fe of my case unless I revoke this nent.
	:		
This authorization	is in accordance wi	th OAC 5101:12-1-	20.1
DIVISION Public Assistance Children Services Child Support OhioMeansJobs	PHONE 419-334-3891 419-334-8708 419-334-2909 419-332-2169	FAX 419-332-2156 419-355-5329 419-355-5344 419-332-2721	EMAIL SanduskyPA@jfs.ohio.gov Sandusky-County-Children-Services@jfs.ohio.gov Sandusky-County-Child-Support@jfs.ohio.gov OmiSandCo@ifs.ohio.gov