

**CHILD SUPPORT  
ENFORCEMENT AGENCY  
WARREN COUNTY, OHIO**

**Prosecuting Attorney**  
David P. Fornshell

**Director, CSEA**  
Elizabeth A. Schorr

500 Justice Drive • Lebanon, Ohio 45036  
Phone: (513) 695-1580  
Fax: (513) 695-2969  
<http://www.co.warren.oh.us/wcchildsupport>

**CONSENT TO DISCLOSE INFORMATION**

I hereby give my consent and release for the Warren County Child Enforcement Agency to provide information regarding my Child support case to:

\_\_\_\_\_ Case No. \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*Print* name of person to whom consent is being given

\_\_\_\_\_  
*Signature* of party to case

\_\_\_\_\_  
*Signature* name of person to whom consent is being given

\_\_\_\_\_  
*Print* name of party to case

\_\_\_\_\_  
*Print* name of person to whom consent is being given

\_\_\_\_\_  
*Print address and phone number of person to whom consent is being given*

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Social security number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth

I understand that this consent to disclose does not expire. I also understand that by signing this consent to disclose, I agree for the CSEA to disclose information to the third party listed above. I also understand that to revoke this consent form, I must submit my revocation in writing. Until I revoke my consent, the CSEA will continue to disclose information to the individual listed above.

**ACKNOWLEDGEMENT OF NOTARY**

**STATE OF:** \_\_\_\_\_

**COUNTY OF:** \_\_\_\_\_

THE foregoing instrument was acknowledge before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ (Print party to case full name ), who is personally

known to me or has provided \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of person taking acknowledgement

\_\_\_\_\_  
Name of person taking acknowledgement

\_\_\_\_\_  
Name typed, printed, or stamped

\_\_\_\_\_  
Title or rank

\_\_\_\_\_  
Serial No. (if applicable)

Consent Form updated 07/18/2018