

Release of Information

I, _____, authorize the release of information obtained by the Geauga County Department of Job and Family Services (JFS) that is directly connected to my Child Support Case, _____, _____ to me and/or my representative, _____.
(SETS #) (Order #)
(Provide name, title, and/or relationship)

I acknowledge that in some instances, federal and/or state law may prohibit the release to me or my representative of certain information contained in the records of the Geauga County JFS. I further waive and release any claims that I have or may have against the Geauga County JFS that result from the release of the records to me or my representative pursuant to this request.

This release will expire twelve months from the date it is signed.

Date: _____

(Signature)

State of Ohio
County of Geauga

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____.

Notary Public