

**AUTHORIZATION TO RELEASE INFORMATION**  
**\*\*EXCLUDES RELEASE OF FEDERAL TAX INFORMATION\*\***

Obligor:

Obligee:

SETS#:

Order#:

I hereby give written permission to the authorized person below to inspect or view any information concerning me and my case(s) which does not compromise the confidentiality of others in the case:

Print Full Name \_\_\_\_\_

Relationship/Title \_\_\_\_\_

Password(required) \_\_\_\_\_

**The authorized person must present a picture identification when requesting information in person and must present a password when requesting information on your behalf by telephone. The password must be kept confidential to ensure that information is not released to unauthorized persons.**

**Misuse of information by the authorized person is punishable by a fine of \$500.00, imprisonment of up to 6 months, or both. (OAC 51001:12-01.20.1. The agency may require the authorized person to sign an affidavit stating the intended use of the information.**

**Per OAC 5101:12-20.1 and Lorain County Department of Job and Family Services policy, an employee is prohibited from acting as an authorized representative.**

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

I understand that under Federal and State Statutes, records pertaining to me are protected from disclosure unless certain conditions are met. **My signature on this form constitutes a limited waiver of that protection.**

I further direct that:

This Authorization expires on \_\_\_\_\_, or a maximum of one year from the signature date of the Obligor or Obligee below.

\_\_\_\_\_  
Obligor or Obligee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Affirmed to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public