

CLARK COUNTY DEPARTMENT OF
JOB & FAMILY SERVICES



RELEASE

I, _____

SETS Case Number(s): _____

Give the Child Support Services of Clark County (CSSCC) and its representative permission to release and/or discuss reasonable case information with the following:

Full Name	Relationship	Duration of Authorization
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that it is of the discretion of the CSSCC to determine the best interest of the child (ren) in my case and therefore may elect not to discuss case information with the above named. I also understand that not all case information is public record and the certain case information cannot be revealed to anyone other than the immediate parties involved in my case. I also understand that the CSEA is under the Federal Confidentiality Act, and that there will remain confidential case information that cannot be discussed with either party of this case.

Signature of parent or guardian

Date Affidavit was completed and signed: _____

(Rev. 09/14)

CHILD SUPPORT ENFORCEMENT AGENCY

P.O. BOX 967A • 1346 LAGONDA AVE. SPRINGFIELD, OH 45501-1037 • T: 937.327.1700 • F: 937.327.1996 • WWW.CLARKDJFS.ORG

A DIVISION OF CLARK COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
CLARK COUNTY DEPARTMENT OF JOB & FAMILY SERVICES IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.