

**LUCAS COUNTY CHILD SUPPORT
ENFORCEMENT AGENCY**

AUTHORIZATION TO RELEASE INFORMATION

PAYOR/OBLIGOR NAME

SETS Case # _____
Court Case # _____

I, _____ of _____
Name Address

do hereby authorize my attorney _____ to obtain payment information regarding my case, _____ with the Lucas County Child Support Enforcement Agency. Information is controlled by the State of Ohio in the Support Enforcement Tracking System (SETS). My social security number is _____. I authorize the release of any internal revenue service information that may be contained in this information.

Name [*PLEASE PRINT*]

Signature

Date

FOR AGENCY USE ONLY	
Release received by:	<input type="text"/>
	CSEA Employee
Information Provided:	(<i>please circle</i>) PHAS RTAH
	Date: <input type="text"/>