



Columbiana County Department of Job & Family Services
Child Support Enforcement Agency
110 North Nelson Avenue, Lisbon, Ohio 44432
330-424-7781 *** Facsimile 330-420-2106
Eileen Dray-Bardon, Director

AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

I, _____

SS No: _____

DOB: _____

ADDRESS: _____

I hereby authorize the Columbiana County Child Support Enforcement Agency
("CSEA") to release information regarding my child support case #

_____ to _____

**This release of information shall be valid for a period of 1 year from the date
of signature, unless revoked in writing prior to said expiration date. A
photocopy of this signed authorization shall be considered as effective as a
signed original.**

Signature

date