



CLINTON COUNTY CHILD SUPPORT ENFORCEMENT AGENCY  
CONSENT TO DISCLOSE CASE INFORMATION

Case #: \_\_\_\_\_ Order #: \_\_\_\_\_

By completing this form, you hereby give the Clinton County Child Support Enforcement Agency legal authorization to release information regarding your child support case to a specified third party.

I, \_\_\_\_\_, authorize the Clinton County Child Support Enforcement Agency to disclose information regarding the child support case and order above, to the following recipient:

\_\_\_\_\_  
Recipients Name

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Recipients Street Address    City    State    Zip    PH#

**I understand that:**

- **This authorization to release information will remain in effect until I revoke it in writing**
- **This consent does not permit the recipient to authorize release of my information to a third party**
- **Information will not be released unless requested by the recipient listed above**
- **No information regarding the other party or child(ren) on the case will be released to the authorized recipient**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

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