



SHERRI BEVAN WALSH

Summit County Prosecuting Attorney
CHILD SUPPORT ENFORCEMENT AGENCY

175 South Main St. Akron, OH 44308

(330) 643-2765 1-800-726-2765 Fax (330) 643-2745

THIRD PARTY CONFIDENTIAL

I, _____, allow _____

(Obligee or Obligor)

(Name of Third Party)

Third Party access to my account and my permission to consult with Child Support Enforcement Personnel regarding my account number: _____.

Relationship of the Third Party to the Obligor / Obligee: _____

Third Party Address: _____

(Street)

(City)

(State)

(Zip)

Phone Number of Third Party: _____

Third Party access from: ___/___/___ To: ___/___/___

Mo Day Yr

Mo Day Yr

Type of Information that may be disclosed:

Date: ___/___/___

Signature of requesting party

Mo Day Yr

BEFORE ME, a Notary Public, in and for said County and State, personally appeared the above named Plaintiff who acknowledged that she/he did sign the foregoing instrument and that the same is her/his free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at _____, Ohio this _____ day of _____, 20____.

NOTARY

Pursuant to ORC 1347.08, Information maintained by the Child Support Enforcement Agency, of which a person is a subject, may be inspected by an authorized person. "Authorized person" means the subject, the subject's legal guardian, the subject's attorney of record in a currently pending matter or any other person who has written permission by the subject or subject's legal guardian.