

Logan County Department of Job & Family Services Child Support Division (CSEA)

120 E. Sandusky Avenue, P.O. Box 517, Bellefontaine, Ohio 43311 (Former Logan County Library) Phone 937-599-7232 or Fax 937-599-3176

APPOINTMENT OF AUTHORIZED PERSON CSPM 5101:12-1-20.1 USE OF INFORMATION

This appointment involves all of my Logan County child support cases – past, present or future.

Name: _____ DOB: _____

Address: _____

City, State & Zip: _____

The undersigned is a party to child support cases at the Logan County CSEA. I hereby appoint and give written permission to the person listed below to engage in communications with the CSEA and to inspect or obtain information maintained by the CSEA that pertains solely to me. I understand that I must revoke this appointment in writing.

Full Name of Authorized Person: _____

Relationship (spouse, mother, cousin, friend, etc?) _____

Authorized Person's Mother's Maiden Name (must be listed for security purposes):

Length of Appointment: This appointment will last throughout the life of my support cases unless I revoke this appointment by submitting a written revocation to the CSEA.

OR

This appointment **terminates** on the date of _____ and I will contact CSEA on or near the date of expiration to remind the Agency about the termination.

Address of Authorized Person: _____

Daytime Phone No. of Appointed Person: _____

Signed on the _____ day of _____, 2010, by:

Signature

Daytime Phone Numbers