

**Affidavit
Consent for Authorized Representative
Pursuant to OAC 5101:12-1-20.1**

I, _____, give permission for the following person(s),
_____,
to contact the Morrow County Office of Child Support (MCOCS) and be given access to my case information.

Upon receipt of this consent form, MCOCS may, upon request, discuss case status, answer general questions and supply payment information to the above-named person(s). This consent does not give these persons any ability to determine enforcement of the case and extends no hearing rights to them. Further, MCOCS may deny the requests of these persons if it believes that the requests reach beyond the scope of consent.

This authorization for release of information will continue unless I specify an end date here: _____. I understand that I may terminate consent at any time by submitting a written request to MCOCS.

Signature

Date

Signature of legal guardian or authorized representative (if applicable)

Date

Signature of MCOCS representative who may release the information

Date