

Authorization to Use and Disclose Information Form

I, Joshua Michael Seely, hereby voluntarily authorize the use and disclosure of any information deemed relevant to Delaware County Adult Court Services (“ACS”) about me by signing this Authorization to Use and Disclose Information Form (“Authorization”).

This Authorization applies to the following individual, identified below by name, date of birth (“DOB”), and social security number, and authorizes the use and disclosure as specified herein:

Individual Name: _____ DOB: _____ Social Security # _____

II. The following agency(s) have my permission to exchange/give/receive/share/re-disclose information about me. (Please Check and/or Specify).

<input type="checkbox"/> ACS 117 N. Union Street Suite 317 Delaware, Ohio 43015	<input type="checkbox"/> Other(s) (Specify and Address)
<input type="checkbox"/> Other(s) (Specify and Address)	<input type="checkbox"/> Other(s) (Specify and Address)

III. The purpose or need for this disclosure is: (Please Check, Insert Case Number, and/or Specify)

<input type="checkbox"/> Legal Matter –Delaware County Common Pleas Court	<input type="checkbox"/> Other(s) (Specify)
<input type="checkbox"/> Other(s) (Specify)	<input type="checkbox"/> Other(s) (Specify)

IV. The information to be disclosed includes the following: (Please Check and/or Specify).

<input type="checkbox"/> Educational Records	<input type="checkbox"/> Military Records	<input type="checkbox"/> Financial Records
<input type="checkbox"/> Employment Record	<input type="checkbox"/> Juvenile Court Records	<input type="checkbox"/> Jobs & Family Services Records
<input type="checkbox"/> Expunged or Sealed Juvenile Records (R.C. § 2151.358(E))	<input type="checkbox"/> Expunged or Sealed Adult Records (R.C. §§ 2953.32 And 2953.52)	<input type="checkbox"/> Veterans Administration Records
<input type="checkbox"/> Child Support Enforcement Agency Records	<input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Other (Specify):

Time Frame for information to be disclosed: (Please Insert Individual’s DOB)

<input type="checkbox"/> Entire Time From Individual’s DOB: Until Present Date

V. I understand that I may revoke this Authorization in writing submitted, at any time to the contact information listed below in this section, except to the extent that action has been taken in reliance on this Authorization. If this Authorization has not been revoked, I knowingly and voluntarily agree that this Authorization is to remain in effect until all criminal proceedings, including any incarceration term or probationary term, in Delaware County Case No. _____ are completed or 365 days, whichever occurs last.

Written revocation must be submitted to the following person at the ACS:

Name: _____ **Address:** 117 N. Union Street Suite 317 **City/State/Zip Code:** Delaware, Ohio 43015

VI. This is a free and voluntary act by me. I understand that refusing to sign this form does not prohibit disclosure of information that is otherwise permitted by law without my specific authorization or permission. Additionally, I can request a copy of this Authorization.

Individual Printed Name: _____
(Or Person Authorized to Give Consent)

Individual Signature: _____
(Or Person Authorized to Give Consent)

Relationship of Person if not the Individual: _____

Date: _____ / _____ / _____

ACS Representative Printed Name: _____

ACS Representative Signature: _____

Date: _____ / _____ / _____