

**Name of Child:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact Number: Home** \_\_\_\_\_

**Cell** \_\_\_\_\_

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### PUBLICATION AUTHORIZATION FORM

I, \_\_\_\_\_, legal custodian of child/ren

\_\_\_\_\_, have the authority

to make decisions regarding said child. I hereby authorize the Clermont County

Division of Child Support Enforcement to publish data regarding my child/ren

\_\_\_\_\_ as the Coloring Contest Winners

for Child Support Awareness Month, August 2009. I understand that the data regarding

my child/ren may be published in a variety of media forms including newspapers,

posters, Internet, or other type of publication. **No data will be published regarding**

**my child's address or personal statistics.**

|                      |      |
|----------------------|------|
| Signature of Parent  | Date |
| Signature of Witness | Date |