PROBATE COURT OF HAMILTON COUNTY, OHIO
JAMES CISSELL, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Name _____
Last First Middle

Date of Birth _____ Social Security Number _____

I hereby authorize the release of all confidential records and information concerning me to any officer or agent of the Hamilton County Probate Court for the purpose of an investigation pertaining to a proposed Guardianship.

_____ _____
Witness Date Applicant