PROBATE COURT OF CLERMONT COUNTY, OHIO
JAMES A. SHRIVER, 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 Clermont County Probate Court for the purpose of an investigation pertaining to a proposed Guardianship.

_____ _____
Witness Date Applicant