



Information Request

I, _____ am requesting Lucas County Children Services to release to:
(Print or Type)

Name			Telephone
Address	City	State	Zip

the following information:

for the purpose of:

Signature

Date

In order to help locate the information needed, I am giving the following information:

*A. Requester's Date of Birth (DOB)	Requester's Social Security Number (SSN)	Requester's Telephone
*B. Names of Child(ren)	Child's DOB	
*C. Names of Siblings	Sibling's DOB	
D. Parents Names (circle: birth or adoptive)	Parent's DOB	

**Section A needs to be completed for ALL requests.*

**Section B needs to be completed if the information requested is on children.*

**Section C needs to be completed if the information requested is on yourself as a child and/or on siblings.*

**Section D needs to be completed if the information requested is on yourself as a child and/or parents.*

Please Note: You must submit two forms of identification for verification purposes and one must contain your social security number. Additional information may be requested from you for clarification purposes, eg., custody paperwork.

Lucas County Children Services records are deemed confidential by Ohio Law. Lucas County Children Services will only disclose information as allowed by the ORC.

Return this form and verification to the above address - Attn: Information Release Department, 9th floor

Allow a minimum of 4-6 weeks to process