

IN THE COURT OF COMMON PLEAS  
WARREN COUNTY, OHIO  
JUVENILE DIVISION

**RELEASE OF INFORMATION  
RECORDS REQUEST**

Date: \_\_\_\_\_

I hereby give permission for authorized agents of the Warren County Juvenile Court to conduct an investigation of my Juvenile Records background, including traffic violations, unruly and delinquent charges. This information may be provided to the following entity:

Individual/Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Attn: \_\_\_\_\_

I hereby do release such person(s) from all liability for providing information.

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

This information verified by:

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_