



**GENERAL INFORMATION REQUEST**

<b>To:</b>	Julie Barnes, Executive Director
<b>Re:</b>	Request for General Information

In an effort to assist you in securing information that Summit County Children Services is legally permitted to provide, please complete the following information.

1. Please list specific information you are requesting:

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2. I believe it is in the best interest of the child(ren) to release information because:

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3. The information will be used to:

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4. Full name (birth and adoptive of child(ren) and/or other names the child(ren) is/are known by:

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4a. Child(ren) date(s) of birth:

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4b. Any information about family members that may be known -(siblings, parents, foster parents, etc).

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4c. My relationship to the above child(ren) is:

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Printed Name	Signature	Date
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Street Address	City	State	Zip
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Phone (include area code)

All requests must be completed in writing and mailed or delivered to:

Julie Barnes, Executive Director  
 Summit County Children Services  
 264 S. Arlington Street  
 Akron, Oh 44306-1354

This request must have your original signature and date