



Records Request

A. REQUESTER INFORMATION			
NAME: FIRST	MIDDLE	LAST	AKA
MAILING ADDRESS (<i>general delivery instructions on reverse side of form</i>)		CITY	STATE ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)		E-MAIL ADDRESS	

B. REQUESTING RECORDS OF:			
NAME (FIRST- MIDDLE- LAST)	DATE OF BIRTH	RELATIONSHIP TO REQUESTER	AUTHORIZATION AND PHOTO ID ARE REQUIRED FOR ANYONE OVER THE AGE OF 18
AKA			<input type="checkbox"/> ID Included <input type="checkbox"/> Authorization
AKA			<input type="checkbox"/> ID Included <input type="checkbox"/> Authorization
AKA			<input type="checkbox"/> ID Included <input type="checkbox"/> Authorization
AKA			<input type="checkbox"/> ID Included <input type="checkbox"/> Authorization
AKA			<input type="checkbox"/> ID Included <input type="checkbox"/> Authorization

C. WHAT TYPE OF RECORDS ARE YOU REQUESTING?	
<p>1. List the specific records you are requesting. The more precisely you identify the record you seek, the more efficient and effective we can be in locating and providing the appropriate documents. The request must be for a specific identifiable record.</p>	
<p>2. Date Ranges: Start Date _____ to End Date _____</p>	

I certify that I am the person requesting information and I have provided documentation to prove my identity. I also understand that all information I receive is confidential and shall not be further disclosed.	
REQUESTERS SIGNATURE	DATE SIGNED
<p>NOTE: YOU MUST PRODUCE PROOF OF IDENTITY TO OBTAIN CONFIDENTIAL RECORDS.</p> <p>IF YOU ARE NOT THE CLIENT OR IF THE PERSON YOU REQUESTED ON IS OVER 18, YOU MUST ALSO PROVIDE AN AUTHORIZATION FORM (DCYF 17-063) AND THEIR PHOTO IDENTIFICATION.</p>	<input type="checkbox"/> ID Included or Notarized Form <input type="checkbox"/> Authorization (if needed)

OFFICE USE ONLY		
DATE RECEIVED	RECEIVED AT WHICH OFFICE	<input type="checkbox"/> ID Verified; type:

INSTRUCTIONS FOR COMPLETION OF RECORDS REQUEST FORM

Purpose: To request records from DCYF.

Notice to Clients: Most client information DCYF has is confidential and will not be disclosed to others unless you have permission or if disclosure is allowed by law. *****YOU MUST PRODUCE PROOF OF IDENTITY TO OBTAIN CONFIDENTIAL RECORDS.*****

Use: You may fill out this form electronically or by hand. Use the tab key on a computer to move between fields.

Parts of Form:

Section A (Requester Information)

- 1) Name: Provide your full name AKA "also known as" if used. These additional names can aid in our search for records you are seeking.
- 2) Complete mailing address
 - a. **General delivery address responsive records** will be sent to the local field office for pick up.
- 3) Telephone number including area code and email address

Section B: (Requesting Records of)

- 1) First, Middle, and Last name of person(s) being requested. AKA "also known as" if used. These additional names can aid in our search for records you are seeking
- 2) Complete dates of birth(s)
- 3) What is the person's relation to the requester (child, spouse, Etc.)?
- 4) If they are over the age of eighteen (18) do you have authorization (Form 17-063) and
- 5) Acceptable Photo Identification for each person:
 - a. Student Identification from a school
 - b. Federal Identification/ Passport/ Military Identification
 - c. Department of Corrections Identification Card
 - d. Tribal Identification
 - e. Any State or Federal Issued photo identification card

Section C: (What Type of Records Are You Requesting?)

- 1) Please be as specific as possible as to the records you are seeking.
- 2) As best as you can, please include date ranges of the records you are seeking.

(Signature Box)

- 1) Requester's signature and date
- 2) Did you include Photo Identification or is the form notarized?
- 3) Do we need authorization
 - a. If you are not the client or the person you requested on is over 18, you must also provide an authorization form (DCYF 17-063) and their photo identification.