

CYF RECORDS REQUEST FORM

NAME OF REQUESTOR: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CHILD(REN) NAME & BIRTHDATE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

INFORMATION REQUESTED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COURT CASE #/DATE OF NEXT HEARING:

SIGNATURE: \_\_\_\_\_

**PLEASE INCLUDE A CLEAR COPY OF YOUR DRIVER'S LICENSE (NEED TO BE ABLE TO SEE PICTURE & SIGNATURE). REQUEST MAY TAKE 30 BUSINESS DAYS TO PROCESS.**

CONFIDENTIALITY OF RECORDS:

1. All Human Services' information is to be treated as confidential. Whenever there is a question about the legality of releasing confidential information, the person seeking the information shall be advised to obtain an appropriate Court Order to produce information.
2. The person seeking access to records will sign an agreement to preserve the confidentiality of the records.

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

**\*THE CHARGE FOR RECORDS IS .25 CENT PER PAGE & IS TO BE PAID IN EXACT CASH OR MONEY ORDER.**

