

CYF RECORDS REQUEST FORM

NAME OF REQUESTOR: _____ BIRTHDATE: _____

PHONE NUMBER: _____ DATE: _____

EMAIL ADDRESS: _____

CHILD(REN) NAME & BIRTHDATE: _____

RELATIONSHIP TO CHILD: _____

INFORMATION REQUESTED: _____

SIGNATURE: _____

PLEASE INCLUDE A CLEAR COPY OF YOUR DRIVER'S LICENSE (NEED TO BE ABLE TO SEE PICTURE & SIGNATURE)

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.**

