



Requests for children welfare records are not processed under the Public Records Act but are processed exclusively under RCW 13.50.100 and other laws granting access to these records.

A. REQUESTER INFORMATION			
NAME: FIRST	MIDDLE	LAST	TITLE / RELATIONSHIP TO CLIENT
MAILING ADDRESS (General Delivery, See instructions)		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
			<input type="checkbox"/> ID Included <input type="checkbox"/> Authorization
			<input type="checkbox"/> ID Included <input type="checkbox"/> Authorization
			<input type="checkbox"/> ID Included <input type="checkbox"/> Authorization
			<input type="checkbox"/> ID Included <input type="checkbox"/> Authorization
			<input type="checkbox"/> ID Included <input type="checkbox"/> Authorization
C. WHAT TYPE OF RECORDS ARE YOU REQUESTING?			
<input type="checkbox"/> Child Protective Services	<input type="checkbox"/> Adoption	<input type="checkbox"/> Foster Care Licensing	<input type="checkbox"/> Early Learning
<input type="checkbox"/> Juvenile Rehabilitation	<input type="checkbox"/> ESA	<input type="checkbox"/> Other: _____	
D. REQUIRED CLARIFICATION: Be specific as possible, include dates (time frames) and specific documents such as intakes, assessments, case notes, safety plan, etc. (PLEASE PRINT OR TYPE)			
E. SIGNATURE			
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	
NOTE: YOU MUST PRODUCE PROOF OF IDENTITY TO OBTAIN CONFIDENTIAL RECORDS. 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.		<input type="checkbox"/> ID Included or Notarized Form <input type="checkbox"/> Authorization (if needed)	

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 and Title or Relationship to client
- 2) Complete mailing address
 - a) **General delivery address**-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
- 2) Complete dates of birth
- 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 check all boxes that apply

Section D: (Required Clarification)

- 1) Be specific as possible
- 2) Include date ranges
- 3) Are you wanting the "meat" of the file, (Intakes, Investigations/FAR's and case notes)?

Section E: (Signature)

- 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.

NOTICE TO DCYF: If these records contain HIV or STD information, DCYF must notify recipients that the information is confidential and that they may not further disclose the records without a specific authorization as required by RCW 70.02.300. If DCYF sends copies of records regarding drug or alcohol services under this authorization, DCYF must include the following statement when disclosing information as required by 42 CFR 2.32:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.