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|  | **Tennessee Department of Children’s Services**  **Request for Access to Sealed Adoption Records/Release of Information and Other Services** |

Pursuant to Tennessee statute and Rule and Department of Children’s Services policies and procedures, I hereby request access to a sealed adoption record, and if determined eligible, request release of those records or information and the provision of records access as specified below.

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| --- | --- | --- |
| Date: |  |  |

**Requestor Information**

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| Requestor’s Name (Print) \* |  | Date of Birth \* |  | Telephone Number(s)  Area Code + Number L=Landline; C=Cell; NA |

|  |  |
| --- | --- |
| Requestor’s Address: | **\*** |

Street/PO Number Apt # City State Zip

|  |  |
| --- | --- |
| Requestor’s E-Mail Address: |  |

|  |  |
| --- | --- |
| Requestor’s Relationship to Adoptee: | \* |

**Sealed Record Information**

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| --- | --- | --- |
| Child’s (Adoptee’s) Full Birth Name \* | and/or | Child’s (Adoptee’s) Full Adoptive Name \* |

           

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| --- | --- | --- | --- | --- |
| Child’s Date of Birth |  | Gender (Male=M; Female=F; Unknown=Unk) |  | County and State of Birth |

     

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| --- | --- | --- | --- | --- | --- | --- |
| County and Court of Adoption |  | State of Adoption |  | Date of Adoption Decree |  |  |

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| --- | --- | --- |
| Full Name of Adoptive Mother |  | Full Name of Adoptive Father |

|  |  |  |
| --- | --- | --- |
| Full Name of Birth Mother |  | Full Name of Birth Father |

**Reason for Request-Choose all that Apply:**

1. Access to records for an eligible person who was placed for adoption on or before March 16, 1951 and all Tennessee Children Home Society Records.

2. Access to records for an eligible person whose adoption was finalized on or after March 16, 1951.

3. Non-identifying information to an eligible person eighteen (18) years of age or older.

4. Transmittal of medical information to an eligible person.

5. Transmittal of updated medical information requested after finalization.

6. Obtain Court and Docket # of adoption (for legal purposes only).

**Additional information regarding this request:**

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| * I understand that the TN Department of Children’s Services is obligated to verify my identity and/or relationship to the adoptee prior to any further action on this request. * Upon review of the request, the Department will notify me in writing of additional information or verifications needed. The Department will include a schedule of fees which has been established for services and which must be paid in advance. Fee waivers are available upon verification of income. * If determined eligible, I understand that I may request an appointment with the Department to review the adoption record in person/ on-site. * I understand I am eligible to receive a copy of the record through certified US regular mail at the address noted above. The copy will be processed by the Department and will be subject to fee for service. |

\* \*

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| Requestor’s Authorizing Signature |  | Attach Picture ID \* |  | Date |

\* \*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Client Representative |  | Attach Appropriate Authorizations such as Power of Attorney or Legal Guardianship \* |  | Date |

**The Information Below For use by DCS Office of Child Permanency, Records Access Services Unit personnel only**

|  |  |
| --- | --- |
| **Person to Whom Information Released:** |  |

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| --- | --- |
| **Address:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **E-Mail Address:** |  |  |

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| --- | --- |
| **Telephone #:** |  |

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| **Released by DCS Access and Services to Sealed Records Unit:** |  |  |  |

**Signature Date**

Contact information for DCS Office of Child Permanency, Access and Services to Sealed Records Unit

315 Deaderick Street, 9th Floor, UBS Building

Nashville, TN 37243

[***EI\_DCS.PostAdoptionServices@tn.gov***](mailto:EI_DCS.PostAdoptionServices@tn.gov)