|  |  |
| --- | --- |
|  | **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.

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

**Requestor Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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**

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

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

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

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

|  |
| --- |
| * 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.

  |

 \* \*

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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***