

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 Informat	ion				
		*	*		
Requestor's Name (Print)		Date of Bi		phone Number(s) a Code + Number L=L	andline; C=Cell; NA
Requestor's Address:					*
	Street/PO Number	Apt #	City	State	Zip
Requestor's E-Mail Add Unless otherwise direct information to be releas e-mail to the E-Mail add	ed, all information sed to you by Scan	n/E-Mail in lieu of h			
Requestor's Relationsh	nip to Adoptee:			*	
·	·				
Sealed Record Info	mation				
Child's (Adoptee's) Full Birth	n Name *	and/or		Child's (Adoptee's)	Full Adoptive Name *
Child's Date of Birth	Gender (Male=M; F	emale=F; Unknown=L	Jnk)	County and State of E	Birth
County and Court of Adoptic	<u></u>	State of Adoption	Date	of Adoption Decree	_
County and Court of Adoptic	<i>n</i> 1	otate of Adoption	Date	or Adoption Decree	
Full Name of Adoptive Moth	_	Full Name of A	I Name of Adoptive Father		
Full Name of Birth Mother			Full Name of Bi	rth Eathar	
ruii name oi birth wother			ruii Name oi bi	rın Famer	
Reason for Request	-Choose all tha	at Apply:			
•					
1. Access to record and all Tennessee Chil	• .	•	aced for ado	ption on or before	March 16, 1951
2. Access to record	ds for an eligible p	erson whose ado	ption was fina	alized on or after N	March 16, 1951.
☐ 3. Non-identifying	information to an	eligible person eig	hteen (18) ye	ears of age or olde	r.
Check the "Forms" Webpage fo Distribution: Requestor		d disregard previous vers	ions. This form m	ay not be altered without	prior approval.
RA File	HID	KICCENTRALTN.COM			RDA 1246

☐ 4. Transmittal of medical information to a	an eligible person.					
5. Transmittal of updated medical information requested after finalization.						
6. Search services pursuant to a request for contact with adoptee or designated relatives.						
7. Application for registration with the Contact Veto Registry.						
8. Application for registration with the Advanced Notice Registry.						
9. Obtain Court and Docket # of adoption (for legal purposes only).						
Additional information regarding this request:						
 action on this request. Upon review of the request, the Department will notify m schedule of fees which has been established for service income. If determined eligible, a Sworn Statement is required to be lift determined eligible, I understand that I may request an 	ces is obligated to verify my identity and/or relationship to the address in writing of additional information or verifications needed. The sand which must be paid in advance. Fee waivers are available be filed by you if the adoption was finalized on or after March 16, in appointment with the Department to review the adoption record deither through US regular mail or scan/e-mail at the address not be for service.	Department will include a upon verification of 1951. in person/ on-site.				
20 processed 2) the Dopartment and 1111 20 carpet to 11	55 151 551 1551					
Requestor's Authorizing Signature	Attach Picture ID *	* Date				
* Signature of Client Representative The Information Below For use by DCS Office of Cl	Attach Appropriate Authorizations such as Power of Attorney or Legal Guardianship * hild Permanency, Records Access Services Unit pers	Date				
The information Bolow For use by Boo emise of Gr	inia i ciniancio, i recei de 7.00000 cel viceo cini pere	oo				
Person to Whom Information Released:						
Address:						
E-Mail Address:						
Telephone #:						
Released by DCS Access and Services to Sealed R	Records Unit: Signature	Date				
Contact information for DCS Office of Child Permanence	cy, Access and Services to Sealed Records Unit					

436 6th Avenue N., 8th Floor Cordell Hull Building Nashville, TN 37243