Non-KORA Agency Records Request Form*

REQUESTOR INFORMATION

Requestor Name _____

Requestor Position _____

Requestor Work Phone _____

Requestor Work FAX _____

Requestor Work Email _____

Alternate Requestor Name _____

Alternate Requestor Position _____

Alternate Requestor Work Phone _____

REQUEST INFORMATION

Specific Reason for Request:

Child Protective Investigation ☐ Ongoing Child Protective Case ☐

Active Investigation/Case ☐ Closed Investigation/Case ☐

Additional Comments:

RECORD INFORMATION

Please provide the following information on the person whose Kansas DCF case history is being requested.

Last Name _____

First Name _____

Maiden Name _____

Date of Birth _____

Race _____

Sex _____

SSN _____

I hereby certify that I will not:

(A) use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or

(B) sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed. i

_____ _____

Signature Date

Please return form to:

Kansas Department for Children and Families
Non-KORA Agency Records Officer
Prevention and Protection Services
555 S Kansas Ave., 4th Floor
Topeka, KS 66603

Print Form

*This form is provided as a convenience in making your written request. Updated 11/15/16