Note: This form is to be used by adults (18+) who were previously in the custody of the Secretary of the Kansas Department for Children and Families.

**I. Identifying Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | **Telephone:** |  | | |
| **Date of Birth:** |  | | | **Birthplace:** |  | | |
| **Email** |  | | | | | | |
| **Street Address:** |  | | | | | | |
| **City/State/Zip:** |  | | | | | | |
| **All Known Names and Aliases of Birth Mother:** | |  | | | | | |
| **All Known Names and Aliases of Birth Father:** | |  | | | | | |
| **Name of Agency or person involved in your foster care case, if known:** | | |  | | | | |
| **II. Information Requested:** | | | | | | | |
| Social History | | | | | |  |
| Birth/Medical information completed by DCF/Child Welfare Case Management Provider(CWCMP) | | | | | |  |
| List of Medical Providers Who Provided Treatment | | | | | |  |
| Case Plans | | | | | |  |
| Copy of Diploma, Transcript, GED | | | | | |  |
| Other Educational Records | | | | | |  |
| Copy of Birth Certificate | | | | | |  |
| Copy of Social Security Card | | | | | |  |
| Copy of Photo ID or Driver’s License | | | | | |  |
| Copy of Proof of Citizenship | | | | | |  |
| Pictures | | | | | |  |

**You must return: (1)** **this form completed**, **and** **(2)** **proper proof of identification** **Photocopy of birth certificate, current driver's license or Government issued ID, verification from DCF/CWCMP staff, etc.):**

**Kansas Department for Children and Families - Attention: Records Custodian, Office of General Counsel**

**555 S. Kansas Avenue, 6th Floor**

**Topeka, KS 66603.**

**Note: Incomplete requests will not be processed. Within 6 weeks, you should receive a copy of your record.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature of Person Requesting Record* |  | *Date* |

Shape

Description automatically generated with medium confidence