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* |

