



Client Records Request Form

Records requested are confidential by operation of law. Requests for CCDCFs records are not public records requests.

Date of Request: _____

Name: _____

DOB: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Requestors Relationship to the Case:

- Self / Please Select One: **Child** **Parent** **Custodial Parent** **Alleged Perpetrator** **Family Member**
 Emancipated Youth
 Other _____

Year (s) for requested information: _____

Requested Information:

- Disposition Letter(s) (Only)
 Wardship Letter (Only)
 All releasable information
 Adoption History (Only)

How do you want to receive your requested information (if applicable)?

- Emailed Copy
 Standard USPS Mail Copy

Please note that there are strict confidentiality requirements for child welfare information pursuant to Ohio Revised Code Sections 2151.421, 5101.131, and 5153.17, as well as Ohio Administrative Code Section 5101:2-33-21. DCFS may be legally prohibited from releasing the information you request

Please note:

- ✓ A copy of your Photo ID must be provided when submitting this request.
- ✓ If the request is not presented in person, CCDCFs requires the requester to verify his/her identity by having a copy of their photo ID notarized and sent with the completed records request form.

Completed form and copy of photo ID should be mailed/submitted to:

Cuyahoga County Division of Children and Family Services
Customer Relations Office 112W