



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