



REQUEST FOR INFORMATION FROM DCYF RECORDS

Date: _____

I _____ (print name) am requesting information that may be contained in my DCYF record.

I wish to know the following information (please specify):

My identifying information is as follows: (Please fill out information that is known)

Birth Name:	_____	DOB:	_____
Name of Mother:	_____	DOB:	_____
Name of Father:	_____	DOB:	_____

Dates of DCYF involvement: _____

Additional information relevant to the record search (city where you lived, siblings names, etc.):

I understand that every effort will be made to search the archives of DCYF to locate the information that I have requested. Due to confidentiality, I understand that certain information about family members may not be released to me.

Please forward any information to me at the following address (must match government issued photo ID submitted):

Street Name: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail address: _____

Signature: _____

(Please include a copy of a current government issued photo ID with request)

Mail request to:

Department of Children, Youth and Families
Attn: Record Center, 2nd Floor
101 Friendship Street
Providence, RI 02903