



Tennessee Department of Children's Services

Request for Access to Sealed Adoption Records/Release of Information and Other Services

Pursuant to Tennessee statute and Rule and Department of Children's Services policies and procedures, I hereby request access to a sealed adoption record, and if determined eligible, request release of those records or information and the provision of records access as specified below.

Date: _____

Requestor Information

Requestor's Name (Print) * _____ Date of Birth * _____ Telephone Number(s) _____
Area Code + Number L=Landline; C=Cell; NA

Requestor's Address: _____ *

Street/PO Number Apt # City State Zip

Requestor's E-Mail Address: _____

Requestor's Relationship to Adoptee: _____ *

Sealed Record Information

Child's (Adoptee's) Full Birth Name * _____ and/or _____ Child's (Adoptee's) Full Adoptive Name * _____

Child's Date of Birth _____ Gender (Male=M; Female=F; Unknown=Unk) _____ County and State of Birth _____

County and Court of Adoption _____ State of Adoption _____ Date of Adoption Decree _____

Full Name of Adoptive Mother _____ Full Name of Adoptive Father _____

Full Name of Birth Mother _____ Full Name of Birth Father _____

Reason for Request-Choose all that Apply:

- ☐ 1. Access to records for an eligible person who was placed for adoption on or before March 16, 1951 and all Tennessee Children Home Society Records.
- ☐ 2. Access to records for an eligible person whose adoption was finalized on or after March 16, 1951.
- ☐ 3. Non-identifying information to an eligible person eighteen (18) years of age or older.
- ☐ 4. Transmittal of medical information to an eligible person.
- ☐ 5. Transmittal of updated medical information requested after finalization.
- ☐ 6. Obtain Court and Docket # of adoption (for legal purposes only).

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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Additional information regarding this request:

- ◆ I understand that the TN Department of Children's Services is obligated to verify my identity and/or relationship to the adoptee prior to any further action on this request.
- ◆ Upon review of the request, the Department will notify me in writing of additional information or verifications needed. The Department will include a schedule of fees which has been established for services and which must be paid in advance. Fee waivers are available upon verification of income.
- ◆ If determined eligible, I understand that I may request an appointment with the Department to review the adoption record in person/ on-site.
- ◆ I understand I am eligible to receive a copy of the record through certified US regular mail at the address noted above. The copy will be processed by the Department and will be subject to fee for service.

_____*
Requestor's Authorizing Signature

Attach Picture ID *

_____*
Date

_____*
Signature of Client Representative

Attach Appropriate Authorizations such as
Power of Attorney or Legal Guardianship *

_____*
Date

The Information Below For use by DCS Office of Child Permanency, Records Access Services Unit personnel only

Person to Whom Information Released: _____

Address: _____

E-Mail Address: _____

Telephone #: _____

Released by DCS Access and Services to Sealed Records Unit:

Signature

Date

Contact information for DCS Office of Child Permanency, Access and Services to Sealed Records Unit
315 Deaderick Street, 9th Floor, UBS Building
Nashville, TN 37243
EI.DCS.PostAdoptionServices@tn.gov

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