



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.

Distribution: Requestor

RA File

CS-1026, Rev. 2-25



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, Post Adoption Records Unit
315 Deaderick Street, 9th Floor, UBS Building
Nashville, TN 37243
[EI DCS.PostAdoptionRecords@tn.gov](mailto:EI.DCS.PostAdoptionRecords@tn.gov)

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

Distribution: Requestor

RA File

CS-1026, Rev. 2-25



RDA 1246
Page 2