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).

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