



Post Adoption Services  
UBS Tower, 9<sup>th</sup> Floor  
315 Deaderick Street  
Nashville, TN 37243

**Date:** \_\_\_\_\_

Dear Sir or Madam,

This letter serves as confirmation that the Department of Children's Services has determined \_\_\_\_\_ meets the requirements as an eligible person and is authorized to have access to the records of: \_\_\_\_\_ pursuant to T. C. A. §36-1-127 through 36-1- 132 and §36-1-141.

This authorization for access to records from other information sources is valid only when it contains the original signature of the Program Specialist and when the embossed seal of the State of Tennessee is affixed.

\_\_\_\_\_  
Program Specialist Signature

\_\_\_\_\_  
Date