



Post Adoption Services
UBS Tower, 9th Floor
315 Deaderick Street
Nashville, TN 37243

Date: _____

Dear Sir or Madam,

This letter is to confirm that the Department of Children's Services has determined that _____, meets the requirements as an eligible person and is authorized to have access to the records of: _____ pursuant to Tennessee law governing adoption records.

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