



Tennessee Department of Children's Services

Transfer, Mail, and Acknowledgement of Case Records, Record Materials, and Forms

- ◆ **Sender:** Complete all entries except "Receipt."
- ◆ **Receiver:** Complete "Date and Signature" entry and return form back to sender.

TO: _____

FROM: _____

DATE: _____

Identifying Information:

Case Name	TFACTS ID or Case Number	County	Region/Facility	Code Number	Copies or Original
Child/Children's Full Birth Name:					
Child/Children's Full Adoptive Name:					
Adoptive Resource:					

Items Submitted: (Also list any items not included in the paper record such as tapes or recordings.)

Reason(s) for Submitting:

Record sent via (Include tracking number if applicable):

Receipt:

Date Received

Signature of Recipient

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

Distribution: After reviewer's signature, return original to sender. Original maintained in file at sender's location

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