

OFFICE OF CHILDREN'S SERVICES RECORDS REQUEST

Please complete and submit this form to hss.ocs.records.request@alaska.gov or print and mail to
Office of Children's Services, PO BOX 110630, Juneau, AK 99811-0630

Use this form to request copies of OCS records. External record requests will need a completed Release of Information from the individual(s) whose records are being released. State agencies require a cover letter on the agency's letterhead. Civil and Criminal Court Requests will need a court Motion, Subpoena, or Order for Release of OCS records. Custody records require a court order for records during the time-period in which the individual(s) was in custody.

OCS will make every effort to complete this request within thirty (30) days. Please note that the length of time from initial date of case, type of request and circumstances surrounding the request varies and OCS cannot guarantee that your records will be available. You will be notified if your records cannot be located. If you have questions about this form, please email hss.ocs.records.request@alaska.gov

INCOMPLETE REQUESTS AND LACK OF REQUIRED DOCUMENTATION WILL DELAY PROCESSING

REQUESTOR INFORMATION

NAME LAST	FIRST	MIDDLE	DOB	TITLE
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ORGANIZATION OR BUSINESS NAME IF APPLICABLE	DRIVER'S LICENSE OR OTHER PICTURE ID# (ATTACH COPY TO REQUEST)
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	EMAIL ADDRESS
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SEND TO (IF SOMEONE OTHER THAN YOURSELF) NAME AND ADDRESS
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REQUEST TYPE

- | | |
|---|---|
| <input type="checkbox"/> ORCA/PROBER FILE (INTERNAL USE), NUMBER _____ | <input type="checkbox"/> PERSONAL (FOSTER/ADOPTION) RECORDS |
| <input type="checkbox"/> OUT OF STATE CHILD PROTECTIVE SERVICES REQUEST | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> ADAM WALSH CHECK | <input type="checkbox"/> FACILITY/PROVIDER RECORDS |
| <input type="checkbox"/> CIVIL/CRIMINAL COURT PROCEEDINGS | |

REQUESTING

- | |
|--|
| <input type="checkbox"/> RECORDS DESCRIBED ON ATTACHMENT |
| <input type="checkbox"/> THE FOLLOWING RECORDS: |
| <input type="checkbox"/> ALL RELEASABLE OCS RECORDS |
| <input type="checkbox"/> OTHER: _____ |

REQUESTING RECORDS FOR <input type="checkbox"/> SELF <input type="checkbox"/> OTHER (FILL OUT THIS PORTION)			
NAME LAST		FIRST	MIDDLE
FORMER NAMES		DATE OF BIRTH	
RELATIONSHIP TO REQUESTOR			
IF I AM NOT THE PERSON WHO IS THE SUBJECT OF CONFIDENTIAL RECORDS, I AM AUTHORIZED TO ACCESS THESE RECORDS BECAUSE I AM THE:			
<input type="checkbox"/> PARENT OF MINOR <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> PERSONAL OR ESTATE REPRESENTATIVE <input type="checkbox"/> OTHER:			
BY SIGNING THIS FORM, I AM ATTESTING THAT THE FORM HAS BEEN COMPLETED ACCURATELY TO MY KNOWLEDGE AND THAT THE FOLLOWING DOCUMENTS ARE ATTACHED			
<input type="checkbox"/> ID/BADGE OF REQUESTOR <input type="checkbox"/> COURT ORDER		<input type="checkbox"/> RELEASE OF INFORMATION SIGNED BY PARTIES <input type="checkbox"/> COVER LETTER <input type="checkbox"/> OTHER:	
REQUESTED BY (SIGNATURE)		DATE	
PRINTED NAME			
NOTARY SIGNATURE, STATE AND COMMISSION EXPIRATION DATE		DATE	
PRINTED NAME			
NOTARY STAMP			
OFFICE USE ONLY			
DATE RECEIVED	RECEIVED BY	REQUEST APPROVED/DENIED	RESPONSE TO REQUESTOR
RECORDS REQUESTED	RECORDS RECEIVED	RECORDS PRODUCED TO REQUESTOR	SIGNATURE ONCE COMPLETED
RETURN RECORDS TO	FIELD OFFICE	ARCHIVE LOCATION	RECORDS RETURNED