

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

CONTAINED WITHIN THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

INSTRUCTIONS

1. Type or Print Legibly in ink.
2. Submit a separate form for each individual whose name is to be searched.
3. Return the completed form to: Cabinet for Health and Family Services, Dept. for Community Based Services, Records Management Division, 275 E Main Street 3 E-G, Frankfort, Kentucky 40602.

This information should be addressed to the following requester:

Name of person making the request: _____

Company Name: CABINET FOR HEALTH & FAMILY SERVICES, DEPT. FOR COMMUNITY BASED SERVICES, RECORDS MANAGEMENT SECTION

Address: 275 E MAIN STREET, 3 E-G, FRANKFORT KENTUCKY 40602

Telephone number: 502-564-3834

Applicant's Name (print or type) _____

Social Security Number _____

Maiden Name/Aliases _____

Race	Age	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide the last 5 years of Addresses:

Present Address:

From _____ to _____

APPLICANT'S SIGNATURE _____ DATE _____