



REQUEST FROM SCHOOL OFFICIAL FOR CLOSED SCHOOL INVESTIGATION REPORT

CHIEF OPERATING OFFICER - RECORDS MANAGEMENT GROUP

Purpose: This form is for official business and exclusive use by the following school officials (or their designee) in order to request a copy of the report from a closed school investigation conducted by Child Protective Services (CPS):

- Designee of the State Board for Educator Certification;
- President of the school board or local governing body for the school;
- School Superintendent; and
- School Principal

Directions: Please fill in all fields, send the completed form to the DFPS Records Management Group (RMG) via email (Records@dfps.texas.gov). If you have questions, please email RMG or call toll free at 1-877-764-7230.

PLEASE HELP US IDENTIFY THE SCHOOL INVESTIGATION YOU NEED.

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|--|----------------------------------|--------------------------------|
| First and Last Name of school employee who was the subject in the CPS Investigation: | School employee's Date of Birth: | Case Number (if known): |
| First and Last Name(s) of primary child(ren) involved in the investigation: | | Child(ren)'s Date(s) of Birth: |

WHY CAN DFPS RELEASE RECORDS TO YOU?

The Texas Administrative Code [§700.411](#) and Texas Family Code [§261.406](#) authorizes DFPS to release confidential records to school officials in their official capacity. Please check the role you fill as the reason why DFPS can release records to you.

I am or serve as the designee for the:

- ☐ State Board for Educator Certification (SBEC)
☐ President of the school board or local governing body for the school
☐ School Superintendent
☐ School Principal

WHO ARE YOU AND HOW CAN WE GET IN TOUCH WITH YOU?

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|------------|---|---|
| Full Name: | I represent: <input type="checkbox"/> An Independent School District under the jurisdiction of the Texas Education Agency (TEA); or <input type="checkbox"/> State Board of Educator Certification (SBEC) | If you represent a school district, please provide the name of the school and school district (i.e. Peavy Primary, Hudson ISD): |
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SCHOOL CONTACT INFORMATION (If SBEC, OFFICAL STATE HEADQUARTERS MAILING ADDRESS WILL BE USED.)

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|----------------------------|-------------|---------------|----------------|
| Mailing Address of School: | Fax Number: | Phone Number: | Email Address: |
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HOW WOULD YOU LIKE TO RECEIVE YOUR REQUESTED INFORMATION?

PDF files sent:

- ☐ on compact disc via USPS to mailing address above; or
☐ as an encrypted attachment to e-mail address above.

PRIVACY STATEMENT

I understand that DFPS values privacy as specified in the DFPS [privacy policy](#). By submitting this form, I affirm the above information is true and correct and I am asking DFPS to provide the requested information to me in my official capacity.