

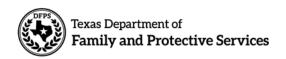
REQUEST FROM FORMER FOSTER YOUTH FOR CASE RECORDS

Purpose: This form is for former foster youth, or their representative, to request a copy of their personal records. If you were in the foster care system, you may use this form to request a copy of your record. There is no cost to receive this record.

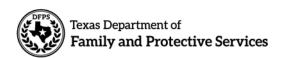
Directions: Please enter the requested information below. If possible, include a copy of your valid driver's license or other picture identification to verify your identity. If you have questions or do not have a photo ID, you may e-mail records@dfps.state.tx.us or call customer support at 877-764-7230.

Note: Also, a copy of the case record is not required to request a tuition waiver. For more information, visit the <u>College Tuition and Fee Waiver</u> page. Additionally, the <u>Services for Youth and Young Adults</u> page explains other services and benefits available to Former Foster Youth.

| A. REQUESTER'S INDENTIFYING INFORMATION | | | | | | | | |
|--|-----------------|-----------------|----------------------|-------------|---|-----------|--|--|
| First Name*: | | Middle Initial: | | Last Name*: | | | | |
| | | | | | | | | |
| Social Security Number: | Date of Birth*: | | Email address: | | | | | |
| Street Address*: | | | | | | | | |
| City*: | | | | State* | Z | ip Code*: | | |
| Telephone Number (with area code)*: | | | Telephone Extension: | | | | | |
| Are you an attorney or guardian representing a Former Foster Youth*? Yes No If yes, please provide your Bar Card Number and the name of the person you are representing below. | | | | | | | | |
| Bar Card Number*: | | | | | | | | |
| Name of person you are represent | ing*: | | | | | | | |



| in most recently: | |
|-----------------------|-------------------------|
| City: | |
| (RTC, shelter, hospit | :al, etc.) you were in |
| | City: |
| | |
| Mother: | City: |
| nes you have gone by | , or sibling names): |
| | |
| REQUESTING? | |
| | |
| | nt of Public Safety |
| | e (RTC, shelter, hospit |



| D. HOW WOULD YOU LIKE TO RECEIVE THIS RECORD? |
|---|
| Paper copy by USPS Mail to the mailing address above |
| PDF files sent on a CD by USPS Mail to the mailing address above |
| PDF files sent on a CD by USPS Mail to the mailing address above |
| |
| E. INCLUDE A COPY OF YOUR ID |
| RMG requests a copy of a photo ID, such as a valid driver's license or other picture identification, to verify your identity. If you have an ID available, please include a copy with the form. If you don't have an ID available, RMG will contact you at the number or e-mail address you provided to process your request. |
| |
| F. REQUESTER'S AFFIRMATION |
| By typing my name and submitting this form, I affirm the provided information is true and correct to the best of my knowledge. |
| Electronic Signature (Please type your first and last name)*: |
| Date*: |