



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.texas.gov 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 [College Tuition and Fee Waiver](#) page. Additionally, the [Services for Youth and Young Adults](#) page explains other services and benefits available to Former Foster Youth.

A. REQUESTER'S IDENTIFYING INFORMATION			
First Name*:	Middle Initial:	Last Name*:	
Social Security Number:	Date of Birth*:	Email address:	
Street Address*:			
City*:		State*	Zip Code*:
Telephone Number (with area code)*:		Telephone Extension:	
Are you an attorney or guardian representing a Former Foster Youth*? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide your Bar Card Number and the name of the person you are representing below.</i>			
Bar Card Number*:			
Name of person you are representing*:			



B. NAME AND FAMILY HISTORY

Please provide information about foster parents whose care you were in most recently:

Name of Foster/Kinship Parent:	City:
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Please provide information about placement other than a foster home (RTC, shelter, hospital, etc.) you were in most recently, if applicable:

Name of Placement:	Year of placement:	City:
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Please provide information about your biological parents:

Name of Biological Father:	Name of Biological Mother:	City:
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Any identifying information that may be helpful (such as previous names you have gone by or sibling names):

C. WHAT DOCUMENTS ARE YOU REQUESTING?

Entire Case Record:

Yes (the entire case record can take up to 3 months to provide)
 No

Are there specific documents you are looking for? You may check all that apply:

Copy of Birth Certificate/Citizenship Record
 Copy of Social Security Card
 Copy of Personal State Identification Card/Driver's License as issued by the Department of Public Safety
 All Medical Records
 Other, please specify:



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*: