



**FORMER FOSTER YOUTH'S REQUEST FOR PERSONAL RECORDS**  
**CHIEF OPERATING OFFICER - RECORDS MANAGEMENT GROUP**

**Purpose:** This form is for former foster youth to request a copy of their personal records. You are a former foster youth if you have ever been in the conservatorship of DFPS.

**Directions:** Once this form has been completed, please mail or email a copy of the form to The Department of Family & Protective Services, Attention RMG (Y-937) P.O. Box 149030, Austin, Texas 78714-9030 or [records.management@dfps.state.tx.us](mailto:records.management@dfps.state.tx.us). Include a copy of your valid driver's license or other picture identification to verify identity. If you have questions about this form, or do not have a picture ID please call 1-877-764-7230

**WHO ARE YOU AND HOW CAN WE REACH YOU IF WE HAVE QUESTIONS?**

First Name:	Middle Initial:	Last Name:	SSN:	DOB:
Mailing Address (Street or PO Box):	City:	State:	Zip Code:	
Telephone Number (include area code):		Email Address:		

**WHEN WERE YOU IN FOSTER CARE?**

Approximate dates the case was opened:

Name of Foster Father:	Name of Foster Mother:	City in care:
Name of Foster Father:	Name of Foster Mother:	City in care:
Name of Foster Father:	Name of Foster Mother:	City in care:
Name of Biological Father:	Name of Biological Mother:	City of removal:

Any other identifying information that maybe helpful:

**WHAT DOCUMENTS ARE YOU REQUESTING?**

Entire Case Record  Yes  No; If yes the entire case record can take a significant amount of time

<input type="checkbox"/> Birth Certificate/Citizenship Record	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Personal State Identification Card/Driver's License as issued by the Department of Public Safety
<input type="checkbox"/> Proof of Enrollment in Medicaid	<input type="checkbox"/> Medical Power of Attorney	<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Medical Records	<input type="checkbox"/> Youth's Health Passport	
<input type="checkbox"/> Other, please specify		

**HOW WOULD YOU LIKE THE CASE RECORDS DELIVERED?**

<input type="checkbox"/> Paper Copy Mail	<input type="checkbox"/> PDF files sent on CD via USPS to mailing address above	<input type="checkbox"/> PDF files sent as an encrypted attachment to e-mail address above
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**SIGNATURES**

Signed: <b>X</b>	Date:
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