

RECORDS REQUEST FORM

Department of Family and Community Services
Office of Children's Services



Please complete and submit this form to fcs.ocs.records.request@alaska.gov or print and mail to:
Office of Children's Services, PO BOX 110631, Juneau, AK 99811-0630

Use this form to request copies of OCS records. External record requests will need a completed Release of Information from the individual(s) whose records are being released. Civil and Criminal Court Requests will need a court Motion, Subpoena, or Order for Release of OCS records. Custody records require a court order for records during the time-period in which the individual(s) was in custody.

- State agencies should submit a request on the agency's letterhead.
- Active Court cases – please serve the Attorney General's Office through anc.cina.law.ecf@alaska.gov with any motions or orders.
- Requesting records regarding another individual requires a valid Release of Information.
- Any records during the time period an individual was in OCS custody requires a court order to release.
- Releasable records only include OCS generated documents and information. Records gathered from other entities/agencies (i.e. law enforcement, school, medical), if they exist in OCS files, may only be released with a court order.

OCS will make every effort to complete this request within thirty (30) days. Please note that the length of time from initial date of case, type of request and circumstances surrounding the request varies and OCS cannot guarantee that your records will be available. You will be notified if your records cannot be located. If you have questions about this form, please email fcs.ocs.records.request@alaska.gov.

INCOMPLETE REQUESTS AND LACK OF REQUIRED DOCUMENTATION WILL DELAY PROCESSING

REQUESTOR INFORMATION

Name (Last, First, Middle)	Title	Date of Birth
Organization or Business Name if Applicable	Driver's License or Other Picture ID# (Attach Copy to Request)	
Mailing Address (City, State, Zip Code)		
Phone Number (Include Area Code)	Fax Number (Include Area Code)	Email Address
Send to Name and Address (If Someone Other than Yourself)		

REQUEST TYPE

ORCA/Prober File (Internal Use), Number _____	Personal Records (Foster/Adoption)
Out of State Child Protective Services Request	Facility/Provider Records
Adam Walsh Check	Other: _____
Civil/Criminal Court Proceedings	

REQUESTING

Records Described on Attachment	All Releaseable OCS Records	Other: _____
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REQUESTING RECORDS FOR

Fill out this portion if requesting records for someone other than yourself.

Name (Last, First, Middle)

Former Name Date of Birth

Relationship to Requester

If I am not the person who is the subject of confidential records, I am authorized to access these records because I am the:

Parent of Minor Legal Guardian Personal or Estate Representative Other: _____

BY SIGNING THIS FORM, I AM ATTESTING THAT THE FORM HAS BEEN COMPLETED ACCURATELY TO MY KNOWLEDGE AND THAT THE FOLLOWING DOCUMENTS ARE ATTACHED

ID/Badge of Requester Court Order Cover Letter Release of Information Signed by Parties

Other: _____

Requested by (Signature) Date

Printed Name

Notary Signature, State and Commission Expiration Date Date

Printed Name

Notary Stamp

OFFICE USE ONLY

Date Received	Received By	Request		Response to Requestor
		Approved	Denied	_____
Records Requested	Records Received	Records Produced to Requestor		Signature Once Completed
Return Records To:	Field Office	Archive Location	Records Returned	_____