

Jeffrey H. Coben, MD
Interim Cabinet Secretary

STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES Bureau for Social Services District Street Address City, WV Zip

Telephone: (304) Fax: (304)

Jeffrey M. Pack Commissioner

Date of	f Request:		
I,(DO the West Virginia Department of He Child Welfare and/or Adult Protectiv W. Va. Code §9-6-8, regarding reques	alth and Human Resources (re Services records. In accord	DHHR) provide me wi ance with <u>W. Va. Cod</u>	ith a copy of my <u>le §49-5-101</u> and
 A child requesting my own re An adult client requesting my A parent whose parental rig child's records; 	ecords; y own records; or hts have not been terminate		
The case(s) involved my child(ren) or		Sa sial Sa ausi	
Name of Child or Adult Client	Date of Birth	Social Securi	ty Number
My contact Information (Include curi	rent and past addresses): Insert Current Address		

Insert Past Address

Please choose a method of receiving records:

- Pick up at local DHHR office
- Mail to current listed address

Signature of Person Requesting Records:	
Please note: If anyone other than the individual whom the record the section below must be completed and signed.	rds pertain to will be receiving the record
I, give permission to,	
(your name)	(name of individual receiving the records)
to receive the above requested records on my behalf.	
Please verify with your signature that you are giving permissio named individual:	on to release records to the above

Please note: For additional information regarding requests for records see: <u>W. Va. Code §49-5-101</u>, <u>W. Va. Code §9-6-8</u> and Child Protective Services Policy Section 9.3.

Contact the Regional Assistant Attorney General if there are requests for records by anyone not listed above, including requests from legal representatives or attorneys.