

**REQUEST FOR RECORDS AND INFORMATION**

TO: DEPARTMENT OF JUVENILE JUSTICE

I respectfully request a copy of my records as specified below. I understand that in order to request my records I must have reached the age of majority. I further understand that I may only request and receive my own records.

Requestor's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Please send my records to me at the following address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number E-mail Address

I request that you send me the records checked below:

Court Records  Classification Records

Disciplinary Records  Entire File

I request that you send me the records **INITIALED** below:

Medical Records  Mental Health Records  
(excluding psychotherapy notes)

Psychotherapy notes  Education Records

Substance Abuse Records  Sex Offender Treatment Records

I understand that some of the medical, substance abuse, psychotherapy, and sex offender treatment records are protected by federal law and/or Virginia law from disclosure without my consent. I give my consent by initialing above. My consent is voluntary.

A photocopy of this request shall be considered as valid as the original.

\_\_\_\_\_  
Requestor's printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date