

REQUEST FOR RECORDS AND INFORMATION

TO: DEPARTMENT OF JUVENILE JUSTICE

I respectfully request a copy of my child's records as specified below. I understand that in order to request my child's records, the child must still be under the age of 18. I further understand that I may only request and receive my own child's records.

Subject's Full Name: _____

Relationship to Requestor: _____

Date of Birth: _____ Social Security Number: _____

Please send my child's 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

Other (please specify): _____

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.

Parent/Legal Guardian's printed name

Signature

Date