



COMPLETE THIS FORM IF THE REQUESTED JUVENILE RECORDS ARE TO BE RELEASED TO AN ATTORNEY REPRESENTING THE JUVENILE SUBJECT OR TO BE RELEASED TO ANOTHER THIRD PARTY. IF THE REQUESTED RECORDS ARE TO BE RELEASED TO AN ATTORNEY, PLEASE SUBMIT A LETTER OF REPRESENTATION WITH THIS SIGNED RELEASE.

Request for Juvenile Records

Please note that the Code of Virginia § 16.1-300 requires that juvenile records be kept confidential and may only be released to the individuals identified in the Code.

Section 1. Juvenile Subject's Information

Last name First name Middle name
 Date of birth SSN
 Other names (aliases)

Section 2. Parent/Legal Guardian of Juvenile Subject (only required if subject is under 18 years old at the time of the request)

A parent or legal guardian may only request records for subjects who are under the age of 18 at the time of the request. Once the subject reaches the age of 18, the subject must submit their own request for records.

Last name First name Middle name
 Relationship to minor

Section 3. Requested Records

In accordance with the applicable [Library of Virginia record retention schedules](#), the Virginia Dept. of Juvenile Justice only maintains juvenile records for a limited period of time. For example, juvenile offender history and juvenile case files are maintained until the subject turns 26 years old; behavioral services unit files are maintained until the subject turns 31 years old; and juvenile offender medical and dental records are maintained until the subject turns 27 years old. After the age of 31, only education records may be available.

Offense history Court Service Unit records (e.g., diversion, probation & parole records)

For subjects who were a resident in a juvenile correctional center, please select each category of requested records and sign below as necessary:

Commitment records Administrative & general records Education and vocational records
 Substance abuse records Medical, dental & psychiatric records Case management reports
 Psychotherapy records Mental health records Sex offender treatment records

The Code of Virginia § 54.1-2969 requires minors over the age of 14 to give explicit consent to the disclosure of medical records. If the subject is over the age of 14 and medical records are being requested, the subject must sign here to indicate their consent to the release of such records.

Some medical, substance abuse, psychotherapy, and sex offender treatment records are protected by federal and/or state law from disclosure without the subject's consent. If any of these records are being requested, the subject must sign here to indicate their consent to the release of such records.

Section 4. Receiving Party's Contact Information (Attorney or Other Third Party) and Preferred Method

Name of Attorney or Other Third Party

Address

Town/city State Zip code

E-mail address

Preferred method of receipt:

By mail to the address above Electronic copy or access via email or a web-based portal

Section 5. Required Signatures (wet and electronic signatures are acceptable)

This is a voluntary request. I am not requesting these records as part of an external research study. I enclose a copy of my driver's license, passport, or other government-issued form of identification. Where the release of any requested records is protected by federal and/or state law as noted in Section 3, the subject has signed in Section 3 to indicate their consent to the release of such records.

I can revoke this release at any time through written notice to _____ (the receiving party). I understand my authorization for release to the receiving party will not be revoked until such party has received the written notice of revocation. A revocation will not apply to any records that were released prior to the time of revocation. This authorization will remain in effect for one year from the date of signature or until _____, _____ (if less than one year).

Subject's or parent/legal guardian's printed name

Subject's or parent/legal guardian's signature

Date

Please submit completed requests by e-mail to records.requests@djj.virginia.gov, or by mail to the following address:

**Juvenile Record Requests
Virginia Dept. of Juvenile Justice
600 East Main Street, 20th Floor
Richmond, VA 23218-1110**

Requests will be considered for up to a year after the date of signature.

For inquiries regarding record requests, please contact the juvenile record requests team at (804) 588-4414 or via e-mail at records.requests@djj.virginia.gov.