Summit County
CHILDREN SERVICES
Building Families . . . Building Futures

REQUEST FOR CONFIDENTIAL INFORMATION/RECORDS

Summit County Children Services (SCCS) provides confidential information and records of investigations and assessments, and services provided related to those reports only when authorized by the Ohio Administrative Code Section 5101:2-33-21. SCCS reviews requests for confidential information/records upon receipt, determines if dissemination of the information is authorized, and responds to the request. Requests may be submitted to the attention of the SCCS Records Custodian via regular mail, fax to (330) 379-1850, or email to Michelle.Mitchell@summitkids.org. Requests must be made in writing. A copy of the requestor's photo ID must be submitted with the request in order for SCCS to verify the requestor's identity prior to releasing any confidential information. If you need assistance, the records custodian can also be reached via phone at (330) 379-2035.

To help SCCS determine whether the information and/or records can be provided, please provide the information requested below to the best of your ability.

Request is for (check one):

☐ **Post Adoption Information:**
- Birth Family requesting information about adopted child; or
- Adopted Individual requesting information about biological family.

☐ **Emancipated Youth/Child in SCCS Custody:**
- Person seeking information about their time in SCCS custody, including placement(s) and service providers.

☐ **General Information Request:**
- All other requests pertaining to case information and records.

Provide your full legal name, date of birth, current address, phone number, and email address:

Explain how you are related to the individual(s) and/or case for which confidential information is requested:

Provide all known identifying information regarding the individual(s) for whom you are seeking information, including name(s) and dates(s) of birth. For post adoption requests include known information regarding birth name, adoptive name, birth family, adoptive family, date and county where adoption was finalized:

Explain what information you are requesting and the purpose for the request:

Explain why release of this information is in the best interest of the child(ren), family, or caretaker:

Additional information pertinent to the request:

Printed Name _____ Signature _____ Date _____