



ARIZONA
DEPARTMENT
of **CHILD SAFETY**

Mike Faust, Director
 Douglas A. Ducey, Governor

REQUEST FOR RELEASE OF EDUCATION RECORDS
(Use only for DCS Investigations)

To: _____

Fax Number: _____

Address: _____
No., Street, City, State, ZIP

RE: _____
Child(ren)'s Name(s) and DOB

I am a representative of the Department of Child Safety (DCS). DCS is mandated by law to investigate allegations of child abuse and neglect. See Arizona Revised Statutes (A.R.S.) § 8-456. As part of my investigation, I need to review and/or have copies of the education records of the above-named child(ren). Please provide me with immediate access to the records requested below. If a portion of the records are not immediately available, please provide me with all available records and provide the remaining records to me as soon as possible.

Title 34 of the Code of Federal Regulations (C.F.R.) § 99.31 provides that a school may disclose personally identifiable information from an education record of a student without the consent of the parent, guardian or custodian if “[t]he disclosure is in connection with a health or safety emergency, under the conditions described in § 99.36.” 34 C.F.R. § 99.36(a) provides that an educational agency or institution may disclose personally identifiable information from an education record to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.

Pursuant to 34 C.F.R. § 99.31 and § 99.36, please provide me the education records of the above-named child(ren).

This request is being made to protect this child/others from possible imminent danger.

Under state and federal law, any information you have or may obtain during this investigation of allegations of abuse and neglect, including the fact that the above-named child(ren) may have been contacted or that this Request for Education Records is being made is CONFIDENTIAL. DO NOT inform anyone of this request or otherwise disseminate confidential information regarding this matter to any person, including the parent, guardian or custodian, unless specifically authorized by applicable law or court order.

Please provide the records to me as soon as possible by:

- Mailing them to me at: _____
- Calling me at: _____
to pick them up when they are ready. Please specify the hours you are open when you leave a message.
- Other: _____

Thank you for your cooperation.

 DCS Representative's Name *(print or type)* DCS Representative's Signature Date

Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente..