



**ARIZONA**  
**DEPARTMENT**  
*of CHILD SAFETY*

Mike Faust, Director  
Douglas A. Ducey, Governor

**REQUEST FOR RELEASE OF EDUCATION RECORDS**

*(Child/Youth is a ward of the Court in the legal care, custody and control of the Department of Child Safety)*

To: \_\_\_\_\_  
*School or the Arizona Early Intervention Program Provider (DES/AZEIP, DES/DDD, or ASDB, and their contractors)*

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*No., Street, City, State, ZIP*

RE: \_\_\_\_\_  
*Child(ren)'s Names and DOB*

I am a representative of the Department of Child Safety (DCS) for the above named child(ren) whom DCS is legally responsible to care for and protect under Title 8 of A.R.S., including § 8-806 and § 8-825.

Pursuant to amendments made to the Family Educational Rights and Privacy Act (FERPA) in 2013 (20 U.S.C. § 1232g (b)(1)(L)), I am entitled to receive copies of education records in your possession or control for the above named child(ren). Records sought include: special education (includes early intervention evaluations, IFSPs, service logs, and comparable IDEA Part B records), discipline, attendance, assessments, medical, speech-language, academic, state or district mandated testing, immunization, birth certificate, Section 504 plans, social, psychological, and achievement records. Records you provide will not be disclosed by DCS except to an authorized individual or entity engaged in addressing the child(ren)'s educational needs, or as directed by a court.

Under state and federal law, any information you have or may obtain from DCS, 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 without a need to know 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.