

# DCF RECORD REQUEST

TODAY'S DATE:

ALL REQUESTS MUST BE SUBMITTED IN WRITING. YOU MAY EITHER EMAIL, FAX OR MAIL YOUR REQUEST TO THE FOLLOWING ADDRESS:

DCF Legal Division  
Attn: Record Requests  
505 Hudson Street  
Hartford, CT 06106  
Facsimile: 860-920-3013  
Email: [DCF.RECORDS@ct.gov](mailto:DCF.RECORDS@ct.gov)

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You must provide the following information in order for DCF to process your request – print clearly:

Your name: \_\_\_\_\_ DCF Link Number (if known): \_\_\_\_\_  
Your address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Your email: \_\_\_\_\_  
Your telephone number: \_\_\_\_\_  
Your date of birth: \_\_\_\_\_

Please list specific information you are requesting:

Your children's names and date of births:

Were your parental rights terminated? Yes No

(Documents will be sent to the email address you provided. You will be instructed to create a password to open the file.)