

## INFORMATION REQUEST Children and Family Services

Applicant's Full Name (include maiden name, if applicable)			
Street, P.O. Box		City/Town	
Province/Territory	Postal Code	Residence Phone #	Cell Phone #
Details of Requested Information (please be as specific as possible – include communities in care, years in care, type of care, etc.)			

The information requested is about:

Myself \_\_\_\_\_  
(date of birth)

My Child \_\_\_\_\_  
(name of child) (date of birth) (relationship to individual)

If you are requesting information about your child (*proof of lawful custody may be required*):

I have lawful custody of the child named in this application.

The custody arrangement with respect to the child in this application is as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I consent to the release of this information to:

Myself

Another Individual \_\_\_\_\_  
(name of person) (relationship to individual)  
\_\_\_\_\_  
(address)

I certify that the above information is accurate to the best of my knowledge. I am requesting the Director of Child and Family Services to make full and complete disclosure in accordance with Sections 71-74 of the *Child and Family Services Act*.

\_\_\_\_\_  
Signature of Witness Signature of Applicant Date

If you are requesting information about your child, and the child is 16 – 19 years of age, please have the child sign below, indicating his/her consent to the release of information.

\_\_\_\_\_  
Signature of Witness Signature of Child Date

Please mail or fax application and two photocopied pieces of identification to:

Records Management Coordinator  
Children and Family Services Division  
Department of Health and Social Services  
Government of the Northwest Territories  
P.O. Box 1320, CST-6  
Yellowknife NT X1A 2L9  
Fax: (867) 873-7706

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Child and Family Services Act* s.71–74, and the privacy provisions of the NWT *Access to Information and Protection of Privacy Act* protect information collected. If you have any questions about the collection or use, please contact the Records Management Coordinator at (867) 920-6276.

# INSTRUCTIONS

## INFORMATION REQUEST CHILDREN AND FAMILY SERVICES

The Children and Family Services Information Request form must be completed by individuals wanting to access information from their Children and Family Services file.

The completion of this form allows the Director of Children and Family Services to disclose information under the *Child and Family Services Act*.

The form specifies the type of records to be released, the individual who the records pertain to and to whom the records can be released.

There is no fee required for individuals wishing to have an information request processed.

### To obtain your records, you **must**:

1. Contact your local Health and Social Services Authority or the Department's Children and Family Services Division to obtain a Children and Family Services Information Request form.
2. Fill out the form with as much detail as possible with regards to the kinds of information that you are seeking. The information request process may be delayed if all required information is not provided on the form.
3. Sign and date the form and have a witness verify your signature.
4. Photocopy and enclose two pieces of your identification (birth certificate, driver's license, etc.). These will not be returned to you.
5. Mail or fax the form to:  
  
Records Management Coordinator  
Children and Family Services Division  
Department of Health and Social Services  
Government of the Northwest Territories  
Centre Square Tower-6th Floor  
P.O. Box 1320  
Yellowknife, NT X1A 2L9  
Fax: (867) 873-7706
6. Advise the Department of any changes to your name, address or phone information so that the Records Management Coordinator is able to contact you for more information, if required, and is able to send you information that is to be released.
7. If you have any questions, please contact the Records Management Coordinator at (867) 920-6276.