

**RECORDS RECALL REQUEST**

The following data must be as complete as possible in order to locate **closed Child Welfare and Adoption files**. There may be multiple File Barcode Numbers for one case file. List all numbers on the records recall form. Submit or E-mail this form to: DCFS Records Manager, Office of General Services, DCFS, 406 East Monroe Street, Springfield IL 62701-1498, FAX # 217-557-2851 or E-mail: [DCFS.recordsmanager@illinois.gov](mailto:DCFS.recordsmanager@illinois.gov). **USE THE CFS 834-A TO REQUEST RECORDS OTHER THAN CHILD WELFARE AND ADOPTION FILES.**

Name of Record \_\_\_\_\_

DOB \_\_\_\_\_

Client I.D. No. \_\_\_\_\_

Date Closed \_\_\_\_\_

**Barcode File No.(s)** \_\_\_\_\_

Record will be  Reopened  
 Returned

Name of Record \_\_\_\_\_

DOB \_\_\_\_\_

Client I.D. No. \_\_\_\_\_

Date Closed \_\_\_\_\_

**Barcode File No.(s)** \_\_\_\_\_

Record will be  Reopened  
 Returned

Name of Record \_\_\_\_\_

DOB \_\_\_\_\_

Client I.D. No. \_\_\_\_\_

Date Closed \_\_\_\_\_

**Barcode File No.(s)** \_\_\_\_\_

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Name of Record \_\_\_\_\_

DOB \_\_\_\_\_

Client I.D. No. \_\_\_\_\_

Date Closed \_\_\_\_\_

**Barcode File No.(s)** \_\_\_\_\_

Record will be  Reopened  
 Returned

**MAILING LABEL - MUST COMPLETE**

SHIP TO:

Name \_\_\_\_\_

Office \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Requestor's Name Required

Phone #

E-Mail Address

Region/Field

By sending this request, I acknowledge that I will adhere to the confidentiality provisions of the Department's administrative rules on confidentiality (89 Illinois Administrative Code 431), the corresponding DCFS procedures and applicable statutes. I understand Illinois law provides that it is a crime to permit, assist or encourage the unauthorized release of information contained in the requested records.