**OFFICE OF REFUGEE RESETTLEMENT**

**Division of Children’s Services**

**AUTHORIZATION FOR RELEASE OF RECORDS**

Please complete this form, and attach any required documentation (see Box II and III for what type of documentation will be required from you or your organization). Then send this form and attachments to: [Requests.DUCS@acf.hhs.gov](mailto:Requests.DUCS@acf.hhs.gov)

1. **Subject of record request.**

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1. **Reason for request.** *(Please check the boxes that apply and attach any required documents.)*

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| **I am requesting records for the purpose of:**   |  |  | | --- | --- | | Representing the UAC in immigration court. | | | Other: |  |   **Type of request.**   |  |  |  | | --- | --- | --- | | This is a standard request. | | | | This is an URGENT request because: | | | | UAC has a court date within 30 days and I have attached a Notice of Hearing or other document confirming the court date. | | | UAC is turning 18 years old in less than 30 days. | | | Other[[3]](#footnote-3): |  | |  |  | |

1. **Requesting party.** *(The requesting party is usually an attorney, BIA accredited representative, or government official. Please check the box that applies and attach any required documentation).*

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name of requesting party:** | |  | | | | **Name of requesting party’s organization:** | | | |  | | | **Requesting party’s mailing address[[4]](#footnote-4):** | | |  | | | | | 1. I am an attorney or BIA accredited representative representing the subject of the record request before an immigration court or the U.S. Department of Homeland Security and I have attached a signed G-28; EOIR-27; or EOIR-28. | | | | | | | | 1. I am an attorney not representing the subject of the record request before an immigration court or the U.S. Department of Homeland Security and I have attached a) a statement on my office’s official letterhead verifying that I am the legal representative of the subject of the record request and signed by the subject of the record request; or b) a court document (e.g. Notice of Appearance) verifying that I am the legal representative of the subject of the record request. | | | | | | | | 1. I am an ORR-funded Legal Service Provider, pro bono attorney, or volunteer attorney or staff person, receiving Federal funding pursuant to a contract or sub-contract with ORR. The subject of the request is a UAC currently in the custody of ORR, or formerly in the custody of ORR for which I am receiving post-release legal service funding through a contract or sub-contract with ORR. | | | | | | | | 1. I am a representative of a non-U.S. Department of Health and Human Services/Administration for Children and Families government agency. | | | | | | | | 1. Other: |  | | | | | | |  |  | | | | | | |

1. **Checklist Request.** *(Please enter the name of your organization and staff names and check the boxes for the type of records you are requesting.)*

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | You are hereby authorized and requested to disclose and give copies to **ENTER ORGANIZATION/AGENY/LAW FIRM NAME HERE** or any of its duly authorized representatives, including **LIST LAWYER/STAFF NAMES HERE** any and all records and information concerning the undersigned which you may have in your possession, including but not limited to the following categories of information: | | | | | | Placement and Transfer | Psychological/Psychiatric | | | Release/Discharge | HIV/STD[[5]](#footnote-5) | | | Case Management | Substance Abuse Treatment | | | Clinical | Juvenile Delinquency/Criminal | | | Immigration/Legal | Home Study Records[[6]](#footnote-6) | | | Educational | Post-Release Service Records6 | | | Contacts/Communication | General Information | | | Medical | Other: |  | |  |  |  | |

1. **Signatures.** *(Not required for requests from government agencies, see Box II item (4)).*

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| **I UNDERSTAND THAT THIS INFORMATION CANNOT BE DISCLOSED WITHOUT MY AUTHORIZATION AND THE LAW REQUIRES THIS NOTICE. I FURTHER UNDERSTAND THAT THIS CONSENT EXPIRES ONE YEAR FROM THE DATE OF MY SIGNING (OR CARE GIVERS) AND I MAY WITHDRAW MY CONSENT AT ANY TIME.**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Authorizing Signature[[7]](#footnote-7):** | | | |  | | | | **Date:** |  | | | **Print Name:** | |  | | | | | **Address:** |  | | | | | | | | | | | **Phone Number:** | | |  | | **Relation to UAC:** | |  | | | |  | | |  | |  | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Witness’ Signature:** | | | |  | | | | | **Date:** |  | | | **Print Name:** |  | | | | | | | **Relation to UAC:** | | |  | | | |  | |  | | |  | | |  | | | | |

1. This is the person whose records you are requesting, usually an unaccompanied alien child (UAC) or a sponsor/potential sponsor of the UAC. [↑](#footnote-ref-1)
2. ORR maintains its records by UAC name. If the record request is for a sponsor or potential sponsor, please name the UAC to which the sponsor/potential sponsor’s information would be connected. [↑](#footnote-ref-2)
3. Requests marked urgent for reasons other than those listed above are subject to approval by the ORR/DCS Division Director after consideration of exigent circumstances. [↑](#footnote-ref-3)
4. ORR UAC Program uses express delivery services to fulfill records requests. Therefore the address provided must be a street address, not a post office box. [↑](#footnote-ref-4)
5. Requests for HIV/STD records may only be authorized by the UAC, or the parent or legal guardian of a UAC if the UAC is under the age of 14. [↑](#footnote-ref-5)
6. Home study and post-release service records will not be released without the signature of sponsor/potential sponsor to whom those records pertain. [↑](#footnote-ref-6)
7. If the UAC under the age of 14 an individual with care-giving authority (parent, legal guardian, or sponsor) must sign on the UAC’s behalf and their name, address, phone number and relation to the UAC must be printed below the signature. [↑](#footnote-ref-7)