



REQUEST FROM SCHOOL OFFICIAL FOR CLOSED SCHOOL INVESTIGATION REPORT

CHIEF OPERATING OFFICER - RECORDS MANAGEMENT GROUP

Purpose: This form is for official business and exclusive use by the following school officials (or their designee) in order to request a copy of the report from a closed school investigation conducted by Child Protective Services (CPS):

- Designee of the State Board for Educator Certification;
- President of the school board or local governing body for the school;
- School Superintendent; and
- School Principal

Directions: Please fill in all fields, send the completed form to the DFPS Records Management Group (RMG) via email (Records@dfps.texas.gov). If you have questions, please email RMG or call toll free at 1-877-764-7230.

PLEASE HELP US IDENTIFY THE SCHOOL INVESTIGATION YOU NEED.

First and Last Name of school employee who was the subject in the CPS Investigation:	School employee's Date of Birth:	Case Number (if known):
First and Last Name(s) of primary child(ren) involved in the investigation:		Child(ren)'s Date(s) of Birth:

WHY CAN DFPS RELEASE RECORDS TO YOU?

The Texas Administrative Code [§700.411](#) and Texas Family Code [§261.406](#) authorizes DFPS to release confidential records to school officials in their official capacity. Please check the role you fill as the reason why DFPS can release records to you.

I am or serve as the designee for the:

- State Board for Educator Certification (SBEC)
- President of the school board or local governing body for the school
- School Superintendent
- School Principal

WHO ARE YOU AND HOW CAN WE GET IN TOUCH WITH YOU?

Full Name:	I represent: <input type="checkbox"/> An Independent School District under the jurisdiction of the Texas Education Agency (TEA); or <input type="checkbox"/> State Board of Educator Certification (SBEC)	If you represent a school district, please provide the name of the school and school district (i.e. Peavy Primary, Hudson ISD):
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SCHOOL CONTACT INFORMATION (If SBEC, OFFICAL STATE HEADQUARTERS MAILING ADDRESS WILL BE USED.)

Mailing Address of School:	Fax Number:	Phone Number:	Email Address:
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HOW WOULD YOU LIKE TO RECEIVE YOUR REQUESTED INFORMATION?

PDF files sent:

- on compact disc via USPS to mailing address above; or
- as an encrypted attachment to e-mail address above.

PRIVACY STATEMENT

I understand that DFPS values privacy as specified in the DFPS [privacy policy](#). By submitting this form, I affirm the above information is true and correct and I am asking DFPS to provide the requested information to me in my official capacity.