

Nebraska Department of Health and Human Services
Division of Children and Family Services
FORMER WARD AUTHORIZATION OF RELEASE OF INFORMATION

This form is to be used by former Nebraska State Wards in order to obtain personal records maintained by the Nebraska Department of Health and Human Services, Division of Children and Family Services. Please fill out the following information and have your signature notarized.

Please indicate the following:

I was adopted I was not adopted

Former Ward Information

First Name	Middle Name	Last Name
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Date of Birth	Social Security Number
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Other Names (Such as maiden names, nicknames, pre-adoption name)

Email Address (Please leave email address field blank if you prefer records to be sent via USPS mail)

Address

City	State	Zip
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I hereby attest that I am the person named in this application.

Former Ward Signature	Date
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State of _____)

County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

(Printed Name of Former Ward)

Affix Official Notary Seal Here

Notary Public

Date of Expiration

Need a Notary? Please visit the Nebraska Secretary of State Notary Public website below for more information:

Website: <http://www.sos.ne.gov/business/notary/index.html>

Please submit this form via mail or email to the addresses below:

Email: DHHS.ChildrenandFamilyServices@nebraska.gov

Mail: DHHS Children and Family Services ATTN Former Ward Program
PO Box 95026
Lincoln, NE 68509