

# Request for private data about yourself

## Purpose

Use this form if you are requesting inspection or copies of data about yourself from the Minnesota Department of Children, Youth, and Families (DCYF).

## Instructions

Complete and email this form to the DCYF at [DCYF\\_datarequest@state.mn.us](mailto:DCYF_datarequest@state.mn.us) or mail to the Minnesota Department of Children, Youth, and Families Attention: Data Request, 444 Lafayette Rd, Saint Paul, MN 55155. DCYF may not be able to initiate your request unless all fields of the form are complete. Please print.

## SECTION 1

DATE OF REQUEST
-----------------

## SECTION 2: Requestor Information – Information about you

FIRST NAME	MIDDLE INITIAL	LAST NAME		DATE OF BIRTH
STREET ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS			

## SECTION 3: Description of Data

Mark the boxes below and fill in the spaces to help DCYF identify the data you want released. Use the space provided to describe what data you want DCYF to release. Be specific.

**Program Areas:** I am requesting DCYF release data related to my participation in the following programs:

*Please check the box in the left column below and fill in the corresponding number in the right column.*

Other: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

As specifically as possible, describe the information you would like to inspect or for which you would like to receive copies.

#### **SECTION 4: Format**

I am requesting access to data in the following way:

- In person inspection       Paper Copies       Electronic Copies Sent via Email

*Note: Inspection is free, but DCYF may charge for copies.*

#### **SECTION 5: Verification of Identity**

To complete your request, DCYF will need to verify your identity before disclosing private data. To verify your identity, you can complete and submit DCYF's Verification of Identity and Request for Information form or provide a valid a photo ID. Examples of acceptable IDs and accompanying documentation, if required, are provided on page 3 of DCYF's Guide for Requesting Data About You.

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဂ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤတလီၤတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီၤလံာ်စိတခါအံၤန့ၣ်,ကိးဘဉ်လီၤဝဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.


Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)



For accessible formats of this information or assistance with additional equal access to human services, write to [DCYF.info@state.mn.us](mailto:DCYF.info@state.mn.us), call 651-539-7700, or use your preferred relay service.