



STATE OF NEW MEXICO
CHILDREN, YOUTH AND FAMILIES DEPARTMENT
 CHILD PROTECTIVE SERVICES DIVISION
 STATEWIDE CENTRAL INTAKE



REQUEST FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

Date of Request: _____

Case Name: _____

Names and Dates of Birth of Individuals: _____

I certify that I am one of the following persons entitled to receive information from the New Mexico Children, Youth and Families Department concerning this case/individuals:

_____ Other State social services agency

Description of record disclosure requested:

FACTS case # (if known): _____

Name, address, email and telephone number of person or entity requesting disclosure (Requester):

I, the undersigned Requester, certify that I am familiar with the statute governing confidentiality of all records concerning protective services records and state that I am an individual identified above who is entitled to receive the information and/or records requested. Upon receipt of the information and/or records provided by the New Mexico Children, Youth and Families Department, I hereby AGREE not to re-disclose the information described herein to any other person or organization except as otherwise provided by law.

 Date

 Requester's signature

 Title/Position

Please return completed form to:

New Mexico Children, Youth and Families Department
Protective Services Division
Statewide Central Intake

Email: SCI.LEReports@state.nm.us

Subject: REQUEST FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

The information described herein is confidential and/or privileged pursuant to NMSA 1978 §32A-4-33. Disclosure or redistribution is prohibited and is a petty misdemeanor that may result in incarceration of not more than six (6) months, a fine of not more than five hundred dollars (\$500.00), or both.

Below information is to be filled out by New Mexico Children, Youth and Families Department employee who completed the disclosure.

Signature of CYFD employee making disclosure

Date and time disclosure made

Printed name of CYFD employee making disclosure

Title/Position of CYFD employee making disclosure

If the New Mexico Children, Youth and Families Department employee is unable to contact the requestor and make disclosure:

Signature of CYFD employee making attempt 1

Date and time attempt was made

Printed name of CYFD employee making attempt 1

Title/Position of CYFD employee making attempt 1

Signature of CYFD employee making attempt 2

Date and time attempt was made

Printed name of CYFD employee making attempt 2

Title/Position of CYFD employee making attempt 2

Signature of CYFD employee making attempt 3

Date and time attempt was made

Printed name of CYFD employee making attempt 3

Title/Position of CYFD employee making attempt 3