



# Records Request

**Please complete and return this form to a Department of Health and Welfare office.**

Available in Spanish. We provide interpreter services at no cost. Call 2-1-1 or 1-800-926-2588 for interpretation assistance. Disponible en español. Proveemos servicios de intérprete sin costo alguno. Llame al 2-1-1 ó al 1-800-926-2588 para obtener la ayuda de un intérprete.

*Please list where you would like us to send the information you have requested and contact information in case we have questions regarding your request for information.*

Requestor Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Fax Number (optional) \_\_\_\_\_

*If you are requesting client-specific information, please include client information.*

Client Name \_\_\_\_\_ Client Date of Birth \_\_\_\_\_  
(First, MI, Last)

Client Address \_\_\_\_\_ Client Telephone \_\_\_\_\_

### Detailed Description of Record Requested - Please be very specific

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you want to:**

- Review this information.
- Receive a copy of this information. Please note: Fee(s) may be charged.

**The Department will notify you in writing if we are unable to respond to your request within three working days.**

If this request is being made by someone other than the subject of the record, please describe and provide documentation of your authority to request that person's information \_\_\_\_\_

Your signature \_\_\_\_\_ Date requested \_\_\_\_\_

**If you are requesting client-specific information, your signature must be notarized if you submit this request by fax, mail or e-mail and we cannot verify it with information already on file.**

I, \_\_\_\_\_, being a Notary Public, do hereby

certify that on this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_, the above individual, having been first duly sworn, appeared before me and signed the foregoing document.

\_\_\_\_\_  
Signature of Notary Public

Notary Public residing at \_\_\_\_\_

My commission expires on \_\_\_\_\_

#### For DHW Office use only

- ID Provided \_\_\_\_\_
- Form Complete \_\_\_\_\_
- Authority:
- Accessing own records \_\_\_\_\_
- Documentation Attached \_\_\_\_\_
- Not Required \_\_\_\_\_