

BENEFITS & COMMUNITY SUPPORT RECORDS REQUEST FORM

Name of Requestor: _____ Phone #: _____

Address of Requestor: _____ Date: _____

Date of Birth: _____ Requestor Email address: _____

Detailed Description of Information Requested:

Reason for Request:

PLEASE INCLUDE A CLEAR COPY OF YOUR PHOTO IDENTIFICATION. THE PICTURE AND SIGNATURE MUST BE CLEAR. REQUEST MAY TAKE 30 BUSINESS DAYS TO PROCESS.

CONFIDENTIALITY OF RECORDS:

All Human Services' information is to be treated as confidential. Whenever there is a question about the legality of releasing confidential information, the person seeking the information shall be advised to obtain an appropriate Court Order to produce information. The person seeking access to records will sign an agreement to preserve the confidentiality of the records.

Warning Regarding the Further Dissemination of this Information: This information has been released to you and further dissemination of this information (including the identity of the reporting party) is in violation of state statute is a criminal offense and punishable by law.

Date: _____ Signature: _____

***THE CHARGE FOR RECORDS IS 40.00 DOLLARS PER HOUR. THERE IS NO CHARGE FOR THE FIRST HOUR OF WORK. A DEPOSIT OF 50.00 MAY BE REQUIRED FOR REQUESTS THAT ARE OVER 100.00 DOLLARS. ALL RECORDS ARE SENT ELECTRONICALLY. IF A PHYSICAL COPY IS REQUIRED THERE WILL BE A CHARGE OF .25 PER PAGE PLUS THE HOURLY FEE. PAYMENT FOR RECORDS MUST BE MADE IN FULL BEFORE THEY ARE RELEASED.**