

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 .25 CENT PER PAGE & IS TO BE PAID IN EXACT CASH OR MONEY ORDER.

