

You may request to view and/or receive a copy of your records.

CLIENT'S INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
CASE NUMBER:	SSN:	DATE OF BIRTH:

HOW DO WE REACH YOU?

PHONE NUMBER:	ADDRESS:	CITY/STATE:	ZIP CODE:
IF YOU ARE NOT THE CLIENT:			
PRINT YOUR NAME:		INDICATE YOUR RELATIONSHIP TO CLIENT:	

WHAT INFORMATION ARE YOU SEEKING?

PROGRAM NAME:	START DATE:	END DATE:
<input type="checkbox"/> VIEW RECORD ONLY		
<input type="checkbox"/> COPY OF RECORD	HOW WOULD YOU LIKE TO RECEIVE YOUR RECORDS? <input type="checkbox"/> PICK UP IN PERSON <input type="checkbox"/> US MAIL <input type="checkbox"/> ENCRYPTED EMAIL <input type="checkbox"/> OTHER: <input type="checkbox"/> UNENCRYPTED EMAIL <i>(UNENCRYPTED EMAIL IS NOT SECURE IN TRANSIT)</i>	
IS THERE A SPECIFIC PORTION OF YOUR RECORD TO WHICH YOU WANT ACCESS?		

SIGNATURE

SIGNATURE:	DATE:
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