



Records Request Form

Client Name

Date of Birth

Person Requesting Records

Relation to Client

Email: _____

Telephone#: _____

Address: _____

Fax#: _____

How would you like to receive these records?

Email *Fax* *Mail*

Description of the records requested:

Date(s)/Date Range of services provided:

I understand that record requests can take up to 5 business days to process. For more immediate services please contact the office.

Signature of Client's Legal Guardian

Date

Honoring and Optimizing the Potential in Everyone