



# 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.*

Requester Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Fax Number (optional) \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

*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. For example, if you know the case number, time frame of the records needed, or the name of the benefit or service involved, please include this information. It may help expedite your request.**

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

**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 \_\_\_\_\_