



## Records Request Form

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 provide your contact information in case we have questions regarding your request for information.*

**1.** Requester's Name (please print) \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Fax Number (optional) \_\_\_\_\_  
City, ST ZIP \_\_\_\_\_ e-mail address \_\_\_\_\_

*If you are requesting records about a specific individual, please include the individual's information.*

Individual's Name \_\_\_\_\_ Individual's Date of Birth \_\_\_\_\_  
(First, MI, Last)  
Individual's Address \_\_\_\_\_ Individual's Telephone \_\_\_\_\_  
City, ST ZIP \_\_\_\_\_

**2.** Detailed Description of Records Requested - Please be very specific. For example, including case number, time frame of records requested, or the name of the benefit or service involved may help expedite the request.

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

**3.** Do you want to:  Examine the requested records; or  Receive a copy of the requested records (fee(s) may be charged).  
Do you want the response sent by:  email  mail  fax

**The Department will notify you in writing as soon as possible if your request cannot be responded to within three working days. If a fee will be charged, the Department will notify you in writing of the estimated cost and may require prepayment.**

**4.** Requester's Signature \_\_\_\_\_ Date requested \_\_\_\_\_

**If you are requesting individual-specific information, including yours, your signature must be notarized.**

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 \_\_\_\_\_

S E A L

**For DHW Office use only**

- ID Provided \_\_\_\_\_
- Form Complete \_\_\_\_\_
- Authority
- Accessing own records \_\_\_\_\_
- Documentation Attached \_\_\_\_\_
- Not Required \_\_\_\_\_

**5.** If this request is being made by someone other than the subject of the record, it must be accompanied by either a notarized Authorization for Disclosure form, or verification that the requester is an attorney seeking records about a client.

**Send Completed Form by one of the following methods: email: PRR@dhw.idaho.gov; fax: 208/639-5742  
Or mail to: Department of Health and Welfare, Public Records Request, P. O. Box 83720, Boise, Idaho 83720-0036  
For questions call: 208/334-5564**