# FO.A3SSA.01 Public Records Request Form

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list where you would like us to send the requested information.**

Requester Name: Phone:

Mailing Address: Email:

**How would you like the records delivered to you? (please check)**

\_\_ Email \_\_ U.S. postal mail \_\_ Fax \_\_ In-person pick-up

*(Note: We cannot always guarantee a particular method of delivery, depending on quantity and type of records requested. Furthermore, additional fees may apply for hard-copies, discs, and USB drives. Email is generally the quickest and most cost-effective method.)*

**If requesting client-specific information, please enter below.**

Client name: Date of birth:

Client address: Client Telephone:

**Records requested:** Be specific about the records that you are requesting. The more specific your request is, the better we can respond to your request. If you are requesting records about yourself, providing a copy of your identification along with this request form may allow us to provide you with more information without redactions or denials. Similarly, if you are requesting records regarding another individual, and you have power of attorney or other documentation showing that you are a personal representative of that individual, providing proof of that documentation and your identification may allow us to provide you more information without redactions or denials.

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| Description of requested information: |

*The information provided above regarding myself is correct, and I will not use the requested records for purposes of a mailing or telephone list.*

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| --- | --- |
| Requestor’s Signature: | Date: |