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## Public Records Request

Date: \_\_\_\_\_

Name on Record: \_\_\_\_\_

Person Requesting Record: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

(In the case of a medical record, the signature MUST be of the patient, patient's parent or legal guardian.)

Type of Record Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
.....

### For PCHD Use Only

Date Request Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Request Fulfilled: \_\_\_\_\_ Initials: \_\_\_\_\_  
(copy sent, given to requesting individual, or individual notified document(s) ready for pick-up)

Date copy of this request placed in file: \_\_\_\_\_ Initials: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_