LARIMER COUNTY | Human Services

LCHS 9/18

2601 Midpoint Drive, Suite 112, Fort Collins, Colorado 80525, 970.498.7606, Larimer.org/dhs

RECORDS REQUEST FORM

| Name of Requestor: | Phone #: |
|--|---|
| Address of Requestor: | Date: |
| Date of Birth: | Requestor Email address: |
| Detailed Description of Inform | ation Requested: |
| | |
| | |
| | |
| Reason for Request: | |
| | |
| | |
| PLEASE INCLUDE A CLEAR COPY | OF YOUR DRIVER'S LICENSE (NEED TO BE ABLE TO SEE PICTURE & SIGNATURE) |
| CONFIDENTIALITY OF RECORDS: | |
| releasing confidential information. Order to produce information. | n is to be treated as confidential. Whenever there is a question about the legality of on, the person seeking the information shall be advised to obtain an appropriate Court The person seeking access to records will sign an agreement to preserve the |
| confidentiality of the records. | |
| you and further disseminati | her Dissemination of this Information: This information has been released to on of this information (including the identity of the reporting party) is in criminal offense and punishable by law. |
| | |
| Date: | Signature: |
| *THE CHARGE FOR RECORI ORDER. | OS IS .25 CENT PER PAGE & IS TO BE PAID IN EXACT CASH OR MONEY |