

KIT CARSON COUNTY RECORDS REQUEST FORM:

Requesting Party(s) Full Name: _____ Date: _____

Requesting Party(s) Phone Number(s): _____

Requesting Party(s) Address(s): _____

Name Of Child/Children Involved:	DOB	SSN	Child Relationship to Requestor(s):

Birth Date(s) & Social Security Number(s) of all Requesting Party(s):

Approximate Date of Incident or Time Span of Records Being Requested: _____ to _____.

Name(s) of other Party(s) Involved:

IF THE REQUEST IS NOT MADE BY THE BIOLOGICAL PARENT(S) OR AN ENTITY ALLOWED TO ACCESS RECORDS A "RELEASE OF INFORMATION" FORM MUST BE COMPLETED, AUTHORIZING ACCESS TO INFORMATION.

Date Request Received: _____ Received By: _____

Types of Records Being Released & Date Range on Records:

Date Records Released:

How Were Records Released (fax, in person, etc.): _____