



Record Request

Date: _____

SITE: _____

Who is requesting the records?

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship to Child: _____

Records Requested:

Child's Information:

Name of Child: _____ Date of Birth: _____

Dates child Attended: _____ to _____
Month Year Month Year

At _____ FD, AM or, PM
Site Location

Name of Teacher: _____

Signature of Requestor Parent:

Date:

Manager Approval Signature:

Date:

Signature of EPIC Staff Releasing Records:

Date:

Type of picture ID used to verify requestor's Identity: