



Client Document Request Form

Complete this form to request needed documents. We will provide you with copies within three (3) business days. Please note documents will be released only to authorized persons.

Parent/Guardian's Name: _____

Social Security/ID Number: _____

How would you like to receive this information?

_____ Please call me at _____ and I will pick up.

_____ Please mail to me at the following address: _____

I need a copy of the following documents:

_____ Birth Certificate (name of person) _____

_____ Social Security Card (name of person) _____

_____ Driver's License/ID (name of person) _____

_____ Physical Exam Record (name of person) _____

_____ Immunization Record (name of person) _____

_____ Funding Notice (name of person) _____

_____ Other (Please describe and indicate person's name) _____

Parent/Guardian Signature: _____

Date: _____