

RECORDS REQUEST FOR (CHILD'S NAME)

Your name
Your Address

TELEPHONE: xxx-xxx-xxxx
FACSIMILE: xxx-xxx-xxxx
Email: xxxx@xxxx

FACSIMILE TRANSMISSION INFORMATION

Date:

TO: ATTENTION: **(CONTACT PERSON AT REGIONAL CENTER)**

Company: **(REGIONAL CENTER NAME)**

Facsimile No.:

Main Telephone:

TOTAL NUMBER OF PAGES, INCLUDING COVER SHEET: # of pages

SPECIAL INSTRUCTIONS/MESSAGE:

NAME OF CHILD, is a client of/has been evaluated by REGIONAL CENTER NAME. I am the child's holder of educational rights. Please provide me with copies of **all records from all locations, including, but not limited, to the following:**

1. All ID notes.
2. All correspondence between the regional center and the family.
3. All referrals sent to the regional center requesting assessment for the Early Start Program.
4. All intake documentation.
5. All purchase of service agreements/requests for funding.
6. All Individual Family Service Plans, IFSPs.
7. All Evaluations conducted by regional center and/or regional center contracting therapists/evaluators/assessors.

We trust that the regional center will comply with the legal requirement that access to these records be provided within 5 days (17 C.C.R § 52164), and that **the records will arrive no later than DUE DATE**. If you do not have records for the above referenced child, and you have checked within your archives, please provide this information in writing.

The records should be mailed to me at the address above, or faxed to me at the fax number above.

Yours truly,

Signature