Date:

Regional Center Name:

Regional Center Address:

RE: Child’s Name:

Child’s Date of Birth:

Dear Records Clerk,

I request a copy of any and all regional center records for the above mentioned child. I request all records, 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** evaluations/assessments conducted by regional center and/or regional center contracting therapists/evaluators/assessors.
7. **All** records, including any and all Individualized Family Service Plans

Please note that I am the education rights holder (“ERH”) for this child. Please waive all fees associated with the duplication of these records, as such fees would effectively deny me access to these records. Please provide a physical copy of all records to the address below. I understand that by law, these records should be provided to me in 5 working days. 17 CCR § 52164(b). Thank you for your attention to this matter. If you have any questions do not hesitate to contact me at your earliest convenience.

 ERH Signature:

 ERH Name:

 ERH Address:

ERH Phone Number: 