



## REQUEST FOR RECORDS

Please fill out the following form with the correct information about the individual you are requesting records for. Please send completed form to [records@thebriighthouse.com](mailto:records@thebriighthouse.com). We will contact you to schedule a time for you to pick up your requested items once they are ready.

**Date of request:** \_\_\_\_\_

### Individual Information

Name:		DOB:
Date seen at The Bright House:		
Please check which of the following you would like to receive:		
<input type="checkbox"/> Forensic Interview	<input type="checkbox"/> Forensic Medical Exam	<input type="checkbox"/> Counseling

Name:		DOB:
Date seen at The Bright House:		
Please check which of the following you would like to receive:		
<input type="checkbox"/> Forensic Interview	<input type="checkbox"/> Forensic Medical Exam	<input type="checkbox"/> Counseling

### Requesting Agency Information

Name and Agency:
Number (best to reach you at):
Email:
Mailing Address:

### SCSAC Staff Only

Date request was received:
Date request was picked up:
Picked up by (Print Name):
Signature: