



SOUTHERN CRESCENT SEXUAL ASSAULT AND CHILD ADVOCACY CENTER
REQUEST FOR RECORDS

Please thoroughly complete the following form with the correct information about the individual you are requesting records for. Please send the completed form to records@scsac.org. We will notify you when your requested documentation is complete and can be picked up or securely email.

Date of request: _____

Client Information Requested

Client Name:		DOB:	
Date seen at SCSAC-CAC:			
Please check which of the following would you like to receive:			
Forensic Interview	Forensic Medical Exam	Exam Photos	Counseling Record

Client Name:		DOB:	
Date seen at SCSAC-CAC:			
Please check which of the following would you like to receive:			
Forensic Interview	Forensic Medical Exam	Exam Photos	Counseling Record

- *Please Note:**
1. Release of Counseling Records to Investigative Parties requires a subpoena
 2. Forensic Interviews are available to Investigative Parties ONLY (no subpoena required)

Agency or Individual Requesting Information

Requester's Name:	
Agency Name or Relationship to Client:	
Mailing Address:	
Phone:	Email:

Transfer of Custody:

Date of Notification of Completion:	By Whom:
Date of Pickup or Email Distribution:	
Name of Recipient:	
Signature (if in-person):	
Date of Read Receipt (if emailed):	

SCSAC-CAC STAFF ONLY

Caseworthy Updates:	Uploaded Original Request
	Uploaded Cover Letter
	Added Service Notes