

Lighthouse Counseling, LLC
700 Chestnut Street
Bowling Green, KY 42101
(270)904-0055

Records Requested By: _____

Client's Name: _____ Client Date of Birth: _____

Individual/ Agency Receiving Records: _____

Purpose of Record Request: _____

By signing below, I acknowledge that this is my one (1) free copy of records. Additional fulfillment of records requested beyond one (1) free copy will be charged to the party making the request in 15- minute increments at \$100/hr. These fees are not covered by insurance. Please allow seven (7) business days for records to be copied or sent after making the request as our records are all electronic.

Signature

Date