



Request for Documentation Form

Contact Information:

Name of client: _____

Parent or Legal Guardian (If applicable): _____

Tel(s): _____ Email: _____

Detailed explanation for documentation request:

Document Requested:

- ☐ Assessment Reports
- ☐ Verification of Clinical Services Provision
- ☐ Other: (Please Specify) _____

I hereby acknowledge that the completion of this form does not confirm request. Approval or denial of request will be communicated by the officer manager.

Authorization for release of information

Signature: _____ **Date:** _____