



**Lancaster**  
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Lancaster, OH 43130  
(740) 687-0042  
(740) 687-6677

**Columbus**  
2238 S. Hamilton Rd, Suite 200  
Columbus, OH 43232  
(614)751-0042  
(614)751-0047

**Newark**  
68 W. Church St., Suite 318  
Newark, OH 43055  
(740)281-1777  
(740)281-1778

**Delaware**  
236 W. Central Ave.  
Delaware, OH 43015  
(740)417-9265  
(740)417-9268

**Chillicothe**  
114 Renick Ave  
Chillicothe, OH 45601  
(740)851-4461  
(740)851-4157

## Request for Records by Clients/Guardians

(rev. 7/30/18)

All request for records must be in **writing**. When a parent/guardian is requesting copies of records, documentation establishing rights to the information is needed if there is any question of guardianship, custody, etc. **The requesting party must pay the bill entirely before the copies of records will be released.** The person requesting the records is responsible for the bill, even if they decide not to take the records once they have been copied. The agency will pursue collection on the account with our collection agency if the bill remains unpaid for longer than 30 days. A representative of the agency will contact the requesting party when the records are ready—usually within a week of the request. The requesting party must sign the bill to acknowledge receipt of the records. If the requesting party has any questions regarding the records, they should put their questions or concerns in writing to the Executive Director.

### List of Charges

Processing Fee:	\$15.00
Pages 1-10	\$ 1.00 per page
Pages 11-50	\$ .50 per page
Pages 51- on	\$ .20 per page

The average cost of copying records is \$50.00, but depending on the amount of records, charges can be much higher.

### Request for Copies of Records

I hereby request of copy of records for \_\_\_\_\_.

My relationship to the client is \_\_\_\_\_.

Yes  No  N/A Supporting documentation of my relationship to this child is attached.

I am requesting a copy of the following records \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I am responsible for complying with the guidelines and charges outlined above.

\_\_\_\_\_  
Signature of Person Making Request

\_\_\_\_\_  
Date

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**Administrative Use Only**

Columbus  Delaware  Lancaster  Newark  Ross ID# \_\_\_\_\_

- Form is scanned to the Executive Director/Director of Operations for review and approval.

\_\_\_Approval      \_\_\_Declined      Reason for Denial: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

\_\_\_\_\_  
Executive Staff Signature

\_\_\_\_\_  
Date

- Form is returned to site checked above for support staff to process request.