



RECORD REQUEST FORM

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PERSON SUBMITTING REQUEST

LAST NAME

FIRST NAME

M.I.

STREET ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

RELATIONSHIP TO PERSON SUPPORTED

RECORDS REQUEST FOR: Please provide as much information as possible

LAST NAME

FIRST NAME

M.I.

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATES AT LEAKE & WATTS (APPROXIMATE)

ADDITIONAL INFORMATION AND COMMENTS (include any known siblings or change of name):

IMPORTANT: Please include a photo copy of a valid form of identification (driver's license, state / gtgovernment ID card, social security card, birth certificate, etc.). Without proper identification, we will be unable to process your request. This information is required for the protection of Leake and Watts, Inc., as well as persons supported.

THIS FORM MUST BE NOTARIZED.

SIGNATURE

DATE

STATE OF _____

COUNTY OF _____

ON THIS _____ DAY OF _____, _____, BEFORE ME PERSONALLY
APPEARED _____, TO ME KNOWN TO BE THE PERSON DESCRIBED
IN AND WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGED THAT HE/SHE EXECUTED

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

PLEASE MAIL ALL REQUESTS AND SUPPORTING DOCUMENTS TO
DEVELOPMENT DEPARTMENT
RISING GROUND
463 HAWTHORNE AVENUE
YONKERS, NY 10705

WITH ANY QUESTIONS, PLEASE CONTACT THE DEVELOPMENT DEPARTMENT AT
914.375.8605 OR DEVELOPMENT@RISINGGROUND.ORG