



P.O. Box 1231 • 333 Church  
Street Wrangell, Alaska 99929  
PH. (907)874-2373 • Fax (907)874-2576  
www.akics.org

### REQUEST FOR DOCUMENTS

I, \_\_\_\_\_, (parent/guardian of \_\_\_\_\_)  
hereby request copies of the following information / documents from the  
file of \_\_\_\_\_, DOB \_\_\_\_\_

Documents requested are:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signed

Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name

**The following information is to be completed by AICS Staff only:**

- If applicable, I have verified that there is a Release of Information for the parent from the child in the file.
- Client requested his/her own personal documents.
- I have released a copy of requested document(s) to client or parent/guardian of client.

\_\_\_\_\_  
AICS Staff

\_\_\_\_\_  
Date