REQUEST FOR RELEASE OF RECORDS

I,_____, am requesting copies of records for

_____(Self or Ward), and would like

them provided in the following format_____.

I understand that I must specify what records I would like to have copied, including type of record(s). Requests will be forwarded to the LADD Corporate Compliance Officer.

_____I would like to make an appointment to review my records with a member of LADD management. I will choose what copies I would like to obtain at that time.

_____I understand that I may be charged for each page copied at the rate of .25cents per page. Management will provide copies within 30 calendar days of the receipt of this signed release. Copies may be picked up and signed for at the LADD office, mailed (postage will apply), or emailed. Payment can be made through payroll deduction (if applicable), or in person at the LADD office.

Please mail my records to the following address:

_____
_____
_____

_____Pick Up

_____ Email to email address: _____

List of documents of which I would like copies: (Attach additional pages as needed.)

_____
_____
_____
_____

LADD
WE MAKE THE DIFFERENCE

_____
Print Person's Name

_____ _____
Person's Signature Date

_____ _____
Guardian's Signature Date