

Dear Requester:

These records have been copied from the Department of Human Services original records. The confidentiality of these records is protected by Federal and State laws. These copies are intended exclusively for the requested purposes and cannot be copied or redistributed for other purposes without the written informed consent of the person(s) to whom it pertains. It will be your responsibility to protect the third party information on these records.

Should you have any questions regarding these records, please contact us at:

Please return a signed and notarized copy of this letter to receive your copy of the records.

Sincerely,

I have read this information and agree to the terms:

Name

Date

Notary

Date