



ACCESS TO PERSONAL INFORMATION FORM

OFFICE USE: Method of Authentication: Valid Photo I.D. Knowledge of File History

Date of Request: _____ Name of Requestor: _____

Name of Child whose personal information is being requested: _____

Relationship to Child: _____

Requestor's Contact Information: (in order for KDC to verify and discuss your request):

Phone Number: _____

Address: _____

Information being sought:

[Please provide sufficient detail in order to identify the records being sought. For example, if you are seeking notes on a particular incident, specify date and general description of the incident].

Reason for request:

[Providing this information will help us identify other records that may be of interest to you].

For security reasons, we prefer that you review records in the office of KDC. If you are unable to do so or require copies of your child's records, complete the following:

Please provide my information via (check one): Mail Fax (KDC has no control over secure transmission or delivery) Mailing address or fax number: _____

I will pick up my information at KDC's offices.



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Please note the following:

If we are able to provide you with access to your child's information:

1. We will attempt to do so within 30 days of your request. If we need longer to locate or gather the information, we will let you know.
2. There may be a minimal charge associated with providing you access in order for us to recover costs incurred (for example, photocopying costs and staff time). You will be notified and asked to agree to such charges in advance of us incurring necessary costs.
3. If we are unable to provide you with access to your information, we will provide you with a reason within 30 days of your request.
4. The following are examples of reasons for refusal of an access request:
 - a. We do not have the information you are requesting. We will let you know if we feel you may be able to obtain the information you are seeking elsewhere.
 - b. Providing you with access will reveal personal information about a third party who has not consented to the release of such information.
 - c. The information was generated in the course of a formal dispute resolution process.

I certify that I have the legal authority to access the information being requested and have completed this form to the best of my ability. I understand that records that leave KDC facility in order for KDC to fulfill an access request become the responsibility of the Requestor

Signature of Requestor

Date

Name of Requestor (please print)