

RECORD REQUEST FORM

Person, Agency or Organization requesting information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Signature _____ Date _____

Record Requested:

Description: (must be specific) _____

- File Type: Child Support Food Stamp Fuel Asst. Medical Asst.
 Nursing Home General Relief Fraud Juvenile Court
 Services Child Care

● Individual who is Subject of Record:

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to requestor: _____

- If the individual who is the subject of the record is not the requestor or the requestor's minor child under the age of 18, the request must be accompanied by a signed Release of Information form or Court Order signed by the Judge.

As per Wisconsin Statutes 19.35 (3) a fee may be imposed upon the requestor for a copy of a record which may not exceed the actual, necessary and direct cost of reproduction. Prepayment is required if the fees assessed exceed \$5.00. (19.35 (3) (f)).

FEES for copying record: \$ 0.25 per sheet
Records on CD: \$ 1.00 per CD
Processing FEE: \$18.00 per record

An \$18.00 processing fee shall be charged when it is necessary for the record to be reviewed by department staff.

**Office Use: Number of copies _____ @ 0.25 = _____
 Records on CD _____ @\$1.00 = _____
 Processing fee _____
 Total charge _____