
PERSON SUBMITTING REQUEST

LAST NAME

FIRST NAME

M.I.

STREET ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

RELATIONSHIP TO PERSON SUPPORTED

RECORDS REQUEST FOR: Please provide as much information as possible

LAST NAME

FIRST NAME

M.I.

DATE OF BIRTH

SOCIAL SECURITY NUMBER

INDICATE PROGRAM / SERVICE AND ORGANIZATION (RISING GROUND / LEAKE & WATTS / EDWIN GOULD SERVICES)

DATES IN CARE (APPROXIMATE)

ADDITIONAL INFORMATION AND COMMENTS (include any known siblings or change of name):

SPECIFIC RECORDS BEING REQUESTED:

IMPORTANT: Please include a photo copy of a valid form of identification (driver's license, state / government ID card, social security card, birth certificate, etc.). Without proper identification, we will be unable to process your request. This information is required for the protection of Rising Ground, as well as persons supported.

THIS FORM MUST BE NOTARIZED.

SIGNATURE

DATE

STATE OF _____

COUNTY OF _____

ON THIS _____ DAY OF _____, _____, BEFORE ME PERSONALLY
APPEARED _____, TO ME KNOWN TO BE THE PERSON DESCRIBED
IN AND WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGED THAT HE/SHE EXECUTED
THE SAME AS HIS/HER FREE ACT AND DEED, FOR THE PURPOSES THEREIN SET FORTH.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

PLEASE MAIL ALL REQUESTS AND SUPPORTING DOCUMENTS TO
ADMINISTRATION DEPARTMENT
RISING GROUND
1333 BROADWAY, 8TH FLOOR
NEW YORK, NY 10018-1064

QUESTIONS? PLEASE CONTACT US AT **914-255-5658**
OR **RECORDS@RISINGGROUND.ORG**