

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH
OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
RIGHT FROM THE START PROGRAM
350 Capitol Street, Room 427
Charleston, West Virginia 25301-3714
Toll Free in WV: 800-642-8522**



CLIENT REQUEST FOR RECORD RELEASE

I, _____ do hereby
request:

(Client's Name)

- ☐ To review my Right From The Start Program case record.
- ☐ A copy of my Right From The Start Program case record.
- ☐ A copy of my Right From The Start Program case record be released to:

(To Whom Records will be released)

(Signature of Client)

(Date)

(Witness Signature)

(Date)

(Title/Agency)