Schoharie County Child Development Council, Inc.

## REQUEST TO REVIEW CHILD'S FILE

NOTE: All requests must go to the ED, DAS or DAO (24 hours in advance)

Requested by: (staff member)_____ Date:_____

Center: _____ Classroom: _____

I _____ am requesting the following records from my child's _____ file.

_____ _____

_____ _____

_____ _____

_____ _____
Parent/Guardian Signature Date

_____ _____
Executive Director/Designee (DAS or DAO) Date

I _____ have reviewed the above listed records and have received copies of the following: (use back if needed) Copies may take up to 48 hours to release due to copying time

_____ _____

_____ _____

_____ _____

The copies of this file are being released to me upon my written request. I agree to hold SCCDC, Inc. harmless against any liability for release of these documents into my custody, including confidential information contained herein.

_____ _____
Parent/Guardian Signature Date

_____ _____
Staff Signature Date

**Return to Family and Community Partnership Manager**

cb2011/updated 2012