



Date: _____

To: ECDC Staff

From: _____

Parent of: _____ (date of birth ____/____/____)

Please provide a copy of my child's medical and/or educational records to:

Me or:

Person's Name _____

Organization _____

Address or Fax Number _____

Signature: _____ Date: ____/____/____

<i>For office use only:</i>			
<i>Date</i>	<i>Information Sent To</i>	<i>Date</i>	<i>Information Requested From</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____