UNIVERSITY OF CALIFORNIA, BERKELEY

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

PSYCHOLOGY CLINIC & CENTER FOR ASSESSMENT
2121 BERKELEY WAY, ROOM 2160

BERKELEY, CALIFORNIA 94720-1650
TEL: (510) 642-2055

Records Request

TODAY'S DATE: _____ (MM/DD/YYYY)

I am writing to request records for _____ (client name) whose DOB is _____ (MM/DD/YYYY) for _____(type of services, e.g., assessment or therapy) services received during _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY).

Please send records to the following mailing address:

_____ (Address Line 1)

_____ (Address Line 2)

_____ (City, State, Zip Code)

Client or Responsible Party Signature: _____

Print Name: _____