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## PERSON SUBMITTING REQUEST

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LAST NAME

FIRST NAME

M.I.

STREET ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

RELATIONSHIP TO PERSON SUPPORTED

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## RECORDS REQUEST FOR: Please provide as much information as possible

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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 \_\_\_\_\_

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**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  
**RECORDS@RISINGGROUND.ORG**