



DISABILITY  
COMMUNITY  
RESOURCE  
CENTER

## Member Service Record Request Form

I, \_\_\_\_\_, am writing to formally request a copy of my records from DCRC including:

- Complete Service Record (All information from the beginning of DCRC services through present day.)
- Only records pertaining to: \_\_\_\_\_
- Only records within this time-frame: \_\_\_\_\_

I understand that I am receiving a photocopy and that DCRC must continue to maintain my records.

I understand that I must pick-up my records in-person and that I must show an I.D. to verify my identity.

I understand that when I pick up a photocopy of my records, that I will assume full responsibility for the photocopy records.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCRC Staff Signature

\_\_\_\_\_  
Date

**Disability Community Resource Center - [www.dcrc.co](http://www.dcrc.co)**

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