



# Request for Record

DATE: \_\_\_\_\_

TO: Chief of Clinical Services/Family Advocacy Representative  
Naval Base Kitsap  
1099 Tautog Circle Silverdale, WA 98315  
2901 Barbel St Silverdale, WA 98315

SUBJECT: Request for Record

1. I request a copy of my  FAP case # \_\_\_\_\_  Counseling case # \_\_\_\_\_ maintained by the Fleet and Family Support Program. I understand a separate form will be required for each individual record I am requesting.

2. I request this record for the following reason:

\_\_\_\_\_

3. Forward my record to:

Physical address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Current telephone number: \_\_\_\_\_

Current home address: \_\_\_\_\_

Current email: \_\_\_\_\_

5. Counselor's Signature: \_\_\_\_\_