

(SAMPLE FORMAT TO RECORD IEVS DISCLOSURE)

(CDHS LETTERHEAD)

Case Name: _____

Case Number: _____

Request for disclosure of IEVS information is requested by:
(indicate person, title, and agency)

Date of request: _____

Reason for request: _____

Description of information disclosed:

Date of disclosure: _____

Signature of person
who made disclosure: _____

Date of signature: _____