



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

## Request to Amend Records

**Please complete and return this form to a Department of Health and Welfare office.**

Available in Spanish. We provide interpreter services at no cost. Call 2-1-1 or 1-800-926-2588 for interpretation assistance.  
Disponible en español. Proveemos servicios de intérprete sin costo alguno. Llame al 2-1-1 ó al 1-800-926-2588 para obtener la ayuda de un intérprete.

Client Name \_\_\_\_\_ Client Date of Birth \_\_\_\_\_  
(First, MI, Last)

Client Home Address \_\_\_\_\_

Client Mailing Address (if different) \_\_\_\_\_

Client Telephone \_\_\_\_\_

Requestor Name (if different than client) \_\_\_\_\_

Requestor Telephone \_\_\_\_\_ Requestor Fax Number (optional) \_\_\_\_\_

*Please list where you would like us to send our response to your request.*

Name \_\_\_\_\_

Address \_\_\_\_\_

The information that the Department has about me that I believe is wrong or not complete:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like the following corrections made to my information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Department will notify you in writing if we are unable to respond to your request within 10 days.**

If this request is being made by someone other than the subject of the information, please describe and provide documentation of your authority to request an amendment to that person's information \_\_\_\_\_

\_\_\_\_\_

Your signature \_\_\_\_\_ Date requested \_\_\_\_\_

**Your signature must be notarized if you submit this request by mail or fax.**

I, \_\_\_\_\_, being a Notary Public, do hereby certify that on this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_, the above individual, having been first duly sworn, appeared before me and signed the foregoing document.

\_\_\_\_\_  
Signature of Notary Public

Notary Public residing at \_\_\_\_\_  
My commission expires on \_\_\_\_\_

**For DHW Office use only**

ID Provided \_\_\_\_\_

Form Complete \_\_\_\_\_

Authority:

Accessing own records \_\_\_\_\_

Documentation Attached \_\_\_\_\_

Not Required \_\_\_\_\_