THE Centre FOR CHILD DEVELOPMENT
Sophie's place

SURREY
9460-140th Street
Surrey, BC V3V 5Z4
Tel 604-584-1361
Fax 604-583-5113

DELTA
11405-84th Avenue
Delta, BC V4C 2L9
Tel 604-594-0488
Fax 604-594-0585

LANGLEY
102-20641 Logan Avenue
Langley, BC V3A 7R3
Tel 604-533-3088
Fax 604-533-3062

www.the-centre.org

Parent Request for Records

Client's Name _____

Date of Birth _____

I, _____, as legal guardian of the above mentioned client, request copies of the following records:

- ☐ All records on file
- ☐ Communication Therapy
- ☐ Occupational Therapy
- ☐ Physiotherapy
- ☐ Psychology
- ☐ Key Worker
- ☐ Supported Child Development
- ☐ Parent to pick up record(s)
- ☐ Mail records to (Name):

_____ Address:

_____

_____

_____
Print Name

_____ _____
Signature Date

Please fill in and **return by fax to 604-583-6775**, including **one piece of picture ID to confirm your identity** (Driver's License, BC ID card, passport, etc.)- thank you