

Please submit this Release with one of the following forms of government-issued ID. Ironwood Maine is required by law to maintain records for a period of 7-years after a client turns 18 and then records are destroyed.

- Valid driver's license
- Valid state ID
- Valid US or foreign passport
- Valid military ID

You can send us the Release in the following ways:

Email to: records@ironwoodmaine.com

Fax to: (603) 600.8316

## **IRONWOOD MAINE RECORDS RELEASE FORM**

I,, hereby authorize Ironwood Maine,	LLC to release directly to me the following
records (check all boxes below that apply) related to (check the one box that applies)	
□ me or □	(name of other individual).
Mailing address/Fax Number to send records:	
Name:	
Address:	
Fax Number:	
Your phone number for any questions we may have:	
Reason for requesting records:	
$\Box$ Any and all health records, including therapeutic treatment record	rds;
$\Box$ Any and all educational records;	
Other:	
Enclosed is a copy of my	(fill in type of government-issued ID). By
signing below, I certify the following: I am a legal adult and the in	dividual identified above about whom the
records pertain.	
I certify that I am requesting my records for legal and legitimate pur	poses.
I understand that, depending on the volume of records being reque	sted, Ironwood reserves the right to request
reasonable reimbursement for costs to recover and deliver your reco	ords. Ironwood has up to 30 days to complete
the request.	
Printed Name:	
Signature: Dat	e: