

## ARCHIVE GOVERNMENT AGENCY/INSTITUTION REQUEST

Date	
may request i	NT AGENCY/INSTITUTION REQUEST: A government agency or institution information on a past resident by sending a written request to St. Vincent's, is form, and attaching all requested information.
stating the na	ITTEN REQUESTS must be on Government Agency/Institution's letterhead me and title of the contact person, phone number and email address. You what information is needed and the reason for the request.
Please providinformation:	e the information below on the past resident for which you are requesting the
NAME (includ	le the person's aliases or surnames):
	SOCIAL SECURITY NUMBER:
DATES in whi	ich the person(s) was a resident at St. Vincent's:

A SIGNED RELEASE must be provided by the individual the information is being requested if the individual is still living or from a designated Power of Attorney.

## **RELEASE OF INFORMATION:**

Data

Once a request has been properly verified, St. Vincent's Archivist will research the request. All information requests and responses will be addressed and completed via mail within 2 – 4 weeks. The information will be sent to the address provided by the requester of the government agency or institution.