



INSTRUCTIONS: COUNTY/DISTRICT OFFICES AND STATE LEVEL OFFICES

When retrieval of a record is needed from IDHS Records Administration, complete this form. **Enter your name and the name of your office/unit on the "Requested By" line.** Your phone number is required. Send the original to:

IDHS Records Administration
 5010 Industrial Avenue
 Springfield, IL. 62703.
 or Email dhs.recordscenter@illinois.gov

To: IDHS Records Administration - Retrieval Request

Agency Box Number	Records Center Box Number	Description

Requested By: _____ Date of Request: _____

Address to be sent to: (must be an IDHS Office) _____

Phone Number (Include Area Code): _____ Office/Unit: _____

Reason for retrieval request: Litigation BSI Financial Recovery *Other

*If other, explain: _____