

Vastaanotettu/Received / 20

Client's last, middle and first names (also previous names)		Personal identity code
Document request concerns: <input type="checkbox"/> Older people services <input type="checkbox"/> Family services <input type="checkbox"/> Child welfare <input type="checkbox"/> Family law services (child maintenance, custody and visitation matters, adoption) <input type="checkbox"/> Services for substance abusers <input type="checkbox"/> Services for working age population <input type="checkbox"/> Disability services <input type="checkbox"/> Other, what		
I request information from the following client documents/my child's client documents (please specify as clearly as possible the documents in question and also specify the period of time for the requested information). 		
The locality whose social service data is required		
Name of the requester		Personal identity code of the requester
Position of a party*		Phone number of the requester
Delivery address <input type="checkbox"/> I use Suomi.fi e-Service and want copies to be delivered there electronically.		
Date . .20	Signature and print name of the client or the guardian for children under the age of 12 or other party concerned	

*) In the case of a guardian, a confirmed mandate needs to be attached.

The signed form is to be delivered to the registry of the Wellbeing Services county of Southwest Finland.

The request can be delivered by mail (address: Varsinais-Suomen hyvinvointialue/kirjaamo, PL 52, 20521 Turku). A free-form request can also be sent electronically via Suomi.fi Messages. (Instructions for e-Service can be found on our homepage (<https://www.tyks.fi/en/about-tyks/contact-information/registry>.)