



## RECA / Downwinder Record Request Form

**PURPOSE:** This form is for individuals (or their legal survivors) seeking to verify Idaho residency for compensation under the Radiation Exposure Compensation Act (RECA), expanded in July 2025.

---

### 1. STUDENT INFORMATION (The person who attended the school)

- Full Name at Time of Enrollment: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_
- Approximate Years Attended: \_\_\_\_\_ to \_\_\_\_\_
- School(s) Attended (if known): \_\_\_\_\_

### 2. REQUESTOR CATEGORY & ID

- I am requesting records for:
  - [ ] MYSELF (I am the former student)
  - [ ] A DECEASED PARENT/SPOUSE (I am the legal survivor/descendant)
- Requestor Name: \_\_\_\_\_
- Relationship to Student (if not self): \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. REQUIRED DOCUMENTATION

- If requesting for YOURSELF:
  - [ ] Copy of your current Photo ID (Driver's License/State ID).
- If requesting for a DECEASED person:
  - [ ] Copy of the Student's Death Certificate.
  - [ ] Proof of Relationship (e.g., your birth certificate naming them as a parent).
  - [ ] Copy of Your Photo ID.

### 4. RECORDS REQUESTED

- [ ] Official Attendance Verification Letter (Best for residency proof).
- [ ] Certified Transcript (Required for some specific health claims).
- [ ] Other: \_\_\_\_\_

## 5. SIGNATURE & CERTIFICATION

I certify that I am the individual named above (or their legal survivor) and am requesting these records for a federal RECA claim.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Records Sent Via: [ ] Mail [ ] Pick-up [ ] Secure Email

### **Please submit completed forms to:**

Orofino Jr/Sr High School: [endicottc@jsd171.org](mailto:endicottc@jsd171.org)

Timberline Schools: [traylorj@jsd171.org](mailto:traylorj@jsd171.org)

Orofino Elementary/Cavendish Elementary/Peck Elementary: [bonnerm@jsd171.org](mailto:bonnerm@jsd171.org)