
Date

Re: Medical Records Request

Please release a copy of my medical records including EEG and MRI reports for the purpose of medical research. You may forward these records to:

Ms. Irene S. Klotz, CMSW, CPT
Family Studies Research Program
Mailman School of Public Health
Columbia University
722 W. 168th Street, Suite 621
New York, NY. 10032

If you have questions, please call me at the telephone number below or Ms. Klotz at 212-342-0489.

Thank you.

Name (print) (Signature) *Date*

Current Address

()

Home Telephone: *Date of Birth*

If minor: Parent/Guardian (print) (Signature) *Date*

Current Address *Relationship*