

FORM (Business Office)

DCN: BUS-FRM-110.2



Effective: 08/10/2018

Supersedes: DCN [784] Er [07:8]

AUTHORIZATION TO RELEASE RECORDS

City _____

Phone: _____ FAX _____ Email: _____

I the undersigned, certify that I have the authority to authorize release of information pertaining to the LADDL accession number(s) indicated in this form. I further AUTORIZ release of information to the extent indicated in this form to the requesting party listed above.

INFORMATION TO BE RELEASED:

(e.g., all, submission form, lab results, test reports)

Client Name (please print)

Client Signature
