



**STAFF USE ONLY:**

**To be completed by an employee of the University Health Service**

Date Request Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Circle One:      **Records Mailed**      **Records Picked Up**      **Records Faxed**      **Records Denied**

Fee \$ : \_\_\_\_\_ Correspondence Received: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date Request Completed: \_\_\_\_\_