

UNIVERSITY OF MAINE AT AUGUSTA
46 UNIVERSITY DRIVE ~ AUGUSTA, ME 04330
TOLL FREE VOICE 1-877-UMA-1234
TEL. 207-621-3458 ~ FAX 207-621-3116

REQUEST FOR RELEASE OF MEDICAL RECORDS

Dear UMA Records Department:

Please release a copy of my medical information currently on record with the University of Maine at Augusta to:

Please check one:

MAIL

FAX include a working fax number and applicable "attention to:" information

A University representative may contact me by phone _____
for additional information as necessary to process this request.

Thank you,

Signature

Date

Print Name

Social Security Number

Birthdate
