

SAMPLE FAX COVER SHEET

{NAME & ADDRESS OF INSTITUTION}

DATE:

TIME:

TO:

FAX:

FROM:

FAX:

PHONE:

EMAIL:

Number of pages including cover sheet:

MESSAGE:

Please verify receipt of document by calling the above telephone number.

DISCLAIMER:

The information contained in this facsimile message is intended for the sole confidential use of the designated recipients and may contain confidential information. If you have received this information in error, any review, dissemination, distribution or copying of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail or if electronic, reroute back to the sender. Thank you.
If you do not receive all pages, please call the sender at the above number.