

AUTHORIZATION FOR RELEASE OF MINOR'S RECORDS

TO: Centers for Disease Control
& Prevention
FOIA Office
Mailstop D-54
1600 Clifton Road, NE
Atlanta, Georgia 30333

NAME: _____
SS#: _____
DOB: _____
Illness or Injury: _____

I hereby authorize the Centers for Disease Control and Prevention to release
to _____

any and all medical, confidential, employment, or other information regarding the above
named individual which it has in its possession.

Signature

Relationship to Minor

Date

Notary insert