

DISCLOSURE STATEMENT

I, _____
(Print Full Name)

request access to and/or copies of the "INFORMATION FOR MEDICAL AND HEALTH USE ONLY" section on the certificate of birth for _____
date of birth _____.

I request access because I am:

- The individual to whom the record attests.
- The parent or guardian of the individual.
- A lineal descendant of the individual.
- A state, local or federal law enforcement officer.

(Agency)

Signature _____

Date _____

Authority: ORC Section 3705.23 (A) and (B)

HEA3030

OAC 3701-5-02
Appendix S