

Appendix IS-4-C

Document: Application for Release of Unrestricted Data

Maine Department of Health and Human Services
Maine CDC

1. Data Requestor

Name _____

Title _____

Organization _____

Address _____

Email Address _____

2. Contact person:

Name _____

Telephone No. _____ FAX No. _____

3. Request made by: _____ telephone
_____ writing

4. Purpose of how data will be used _____

5. Type of data requested: _____

6. Time period for data requested: _____

7. Time frame for receiving data: _____

8. Form of records requested: _____ Photocopies
_____ Computer listing
_____ Electronic file format; specifications: _____
_____ Other - specify: _____

Maine CDC Program use only

Date received _____

By _____

Approved _____ Yes _____ No

Continuing request? _____

Approval valid until _____

Cost estimate (if applicable) \$ _____

Date of Approval Decision _____