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 ______________________  Continuing request? ____________

By ______________________________  Approval valid until ______________

Approved _____Yes _____No  Cost estimate (if applicable) $__________

Date of Approval Decision ____________