

C8 HEALTH PROJECT INDIVIDUAL DATA REQUEST FORM

(For requesting data that is not yours)

Answer these questions as they pertain to yourself:

Your Full Name: _____

Your Current Address: _____

Your Phone number: _____

Your email address: _____

Name and address of the party to whom you want the data sent (if other than yourself):

Email address of the person to whom you want the data sent (if other than yourself):

Answer these questions as they pertain to the person whose data you are requesting:

Full Name: _____

If name was different at time of C8 study, please list here: _____

Date of Birth: _____ Last 4 digits of Social Security No. _____

Current Address: _____

Address at time of participation in C8 Health Project (2005/2006):

What is your relationship to the person whose data you are requesting? _____

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By signing this form, I certify that the information contained herein is accurate, that I have legal authority to request the above-named individual's C8 health information, and that West Virginia University is permitted to release said information as indicated above.

Signature of person named above: _____

Date: _____

I understand that I will receive an electronic copy of the requested data via email. If you do not want to receive an electronic copy via email, please initial here and a paper copy of the data will be provided by mail.

TO BE COMPLETED BY NOTARY:

STATE OF _____,
COUNTY OF _____, to-wit;
On this ____ day of _____, 20__, before me, the undersigned notary public appeared _____, and proved to me through satisfactory evidence of identification (specifically identified below), to be the person who signed on the preceding in my presence.
My commission expires: _____.

Notary Public

The two documents reviewed to verify identity were:

1. _____
2. _____

DOCUMENTATION TO VERIFY IDENTITY

In order for your request to be processed, your identity **MUST** have been verified by a notary. At least one form of identification **must** have a photo. Acceptable documentation includes:

- a. Current driver's license;
- b. Current passport or passport card;
- c. Certificate of Citizenship;
- d. Certificate of Naturalization;
- e. Social Security Card or Birch Certificate (original or certified copy);
- f. State Issued Photo ID Card;
- g. Government employment ID card;
- h. Student photo ID card issued by a U.S. school, college, or university;
- i. Military Photo ID Card;
- j. Major Credit Card or Bank Card with photo;
- k. Resident of U.S. Alien Card;
- l. Official Divorce Decree or Marriage Certificate;
- m. Certificate of name change; or
- n. Official baptismal record.

DOCUMENTATION TO ACCOMPANY THIS FORM

IF YOU ARE REQUESTING THE INDIVIDUAL DATA OF A DECEASED PERSON:

If you are requesting the individual data of a deceased person, in addition to verification of your identity, you must also provide WVU with sufficient documentation to demonstrate that you are either the administrator or executor of the estate. If there is no estate, a certified copy of the death certificate with the requesting party named as the information is required.

IF YOU ARE REQUESTING THE INDIVIDUAL DATA OF A CHILD:

If you are requesting the individual data of a child, in addition to the above documents, you must also provide WVU with an original or certified copy of the child's birth certificate or court-issued custody papers demonstrating your legal guardianship of the child.

IF YOU ARE REQUESTING THE INDIVIDUAL DATA OF ANY PERSON DETERMINED TO BE MENTALLY INCOMPETENT, INTELLECTUALLY DISABLED, OR MENTALLY HANDICAPPED:

If you are requesting the individual data of any person determined to be mentally incompetent, intellectually disabled, or mentally handicapped, in addition to the above documents, you must also provide WVU sufficient documentation demonstrating your power of attorney or medical power of attorney/healthcare surrogate.