

Surrogate Application – Part 2

Complete each form and submit to the appropriate office or institution.

- A medical records release form to be sent to whichever doctor(s) delivered your child(ren). If more than one doctor was involved, make a copy of this and give it to *each* doctor who would have your pregnancy records. **DO NOT RETURN THIS FORM TO US. SEND IT TO YOUR DOCTOR.**
- A criminal history release form to be delivered to your local law enforcement agency. **DO NOT RETURN THIS FORM TO US.** Take it or mail it to your local sheriff's or police department

Steven C. Litz, Attorney at Law
PO Box 216
Monrovia, IN 46157
(317) 996-2000

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Date: _____
Name: _____
Address: _____

TO WHOM IT MAY CONCERN:

This is to authorize you to release any and all medical records to the above-named attorney. The following information should assist you in locating my records:

Social Security #: _____
Date of Hospitalization _____
or treatment _____
Reason for Treatment: _____
Physician (if known): _____

Please release all records concerning my hospitalization and/or treatment. The release of records is in no way related to the care I received, but is necessary for other legal purposes. **Please send a bill to Mr. Litz BEFORE sending the records.** He will send you a check once he needs the records. Please do not send the records and a bill together.

I understand that I may withdraw this release at any time, and if I do so, I will notify you in writing.

Very Truly Yours,

