

**ANATOMICAL DONATION PROGRAM**  
**MEDICAL RECORDS RELEASE FORM**



I, \_\_\_\_\_ (“Donor”), have made a gift of my body to The University of Toledo, College of Medicine for use by the University for educational, research, and scientific purposes.

In order to increase the educational, research, and scientific value of such gift subsequent to my death, I authorize and request any hospital or institution in which I was a patient at any time within two years prior to my death, and any physician who at any time attended me within two years prior to my death, to furnish any and all records concerning my case history, treatment, and examination that I may have received. These records can be forwarded to:

Coordinator, Anatomical Donation Program  
Department of Neurosciences  
The University of Toledo, College of Medicine  
Mail Stop #1007  
3000 Arlington Avenue  
Toledo, Ohio 43614-5804

I release, on behalf of my heirs and estate, any such physician, hospital or institution from any and all responsibility or liability that may arise from complying with this authorization.

# **ANATOMICAL DONATION PROGRAM**

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### **SIGNATURES**

<b>DONOR</b>		
Date	Social Security Number	Date of Birth
Donor's Legal Signature		Telephone
Street Address		
<b>WITNESSES</b>		
<p>The Donor signed this Donation form, and we, in his/her presence and at his/her request, have provided our names as witnesses to his/her signature. We attest that the Donor is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud, or undue influence. We further attest that we are at least eighteen years of age and not related to the Donor by blood, marriage or adoption and not a student or employee of The University of Toledo, College of Medicine.</p>		
<b>Witness 1</b>		
Name (Please Print)		Signature
Street Address, City, State, Zip Code		
<b>Witness 2</b>		
Name (Please Print)		Signature
Street Address, City, State, Zip Code		
<b>IN PLACE OF TWO WITNESSES – NOTARY ACKNOWLEDGMENT</b>		
<p>State of Ohio</p> <p>County of _____ SS.</p> <p>On _____, before me, the undersigned notary public, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed as the Donor, and who has acknowledged that he or she executed this written Authorization for the purpose of making an anatomical gift to the Anatomical Donation Program of The University of Toledo, College of Medicine. I attest that the Donor is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud or undue influence.</p> <p>Signature of Notary Public: _____</p> <p>My Commission Expires On: _____</p>		