Instructions for DD2870:
Authorization for Disclosure of Medical or Dental Information

- **Fields 1-13**: Required for Correspondence to process request.

- **Field 5**: Type of treatment you are requesting; inpatient, outpatient or both.

- **Field 6**: Name of facility you are requesting records from.
  - 6 a: Name of the facility or individual you grant permission to receive the medical information.
  - 6 b: Address of individual or facility for medical information to mailed, if requested.
  - Medical information **cannot** be disclosed to anyone other than who is on this form.
  - If you would like the records released to you, put your information in fields 6 a & b.

- **Field 8**: Information to be released. Specify what you are requesting (i.e. operation report, narrative summary, discharge summary, all records in specified range from field 4, etc).

- **Fields 9 and 10**: Start date: Day you fill out the form. Expiration date: Typically 1 year from start date. This request will only be valid until the specified expiration date.

- **Field 12**: only required if you are filling out a request for someone other than yourself that you have legal rights over.

- **Fields 11 and 13**: Request cannot be initiated without the requestor's signature and signing date.