


F103a

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Data Request: Living Registrant

Approved by 

Sergei Y. Tolmachev, Director
February 2021

To protect your information, we require proof of your identity. To request information by mail, your signature on this form must be notarized OR the person requesting information must provide a photocopy of two identifying documents bearing your name and signature, one of which shall bear your current home or business address and date of birth (e.g. driver's license). To request information in person, you must present one identifying document bearing your photograph and signature (i.e. driver's license or passport).

To request information on behalf of a living individual, the requestor must have an appropriate medical power-of-attorney authorizing such an action, and provide a copy of the signed power-of-attorney document.

Part A: Individual for Whom Data is Requested

Full Name

Telephone Number

Current Address

City

State

Zip Code

Social Security Number

Date of Birth

Part B: Individual Making Request

Do you have medical power of attorney for the Registrant? Yes No n/a

Full Name

Telephone Number

Mailing Address

City

State

Zip Code

Relationship to individual in Part A

Part C: Determine Registrant Status

To determine if you are a USTUR Registrant (i.e if you are registered to donate tissues when you pass away)...

Is the individual in Part A registered to donate tissues to the USTUR when he/she passes away?

Facilities where you worked with or around plutonium, americium, uranium, or other actinides

Part D: Records Request

Please send a copy of the following records:

Part E: Checklist and Signature

Please confirm that you have included the following items:

Medical power of attorney document (if applicable)

Notarized signature on this form
(if submitting request by mail)

OR

Photocopy of identifying document bearing
your name, signature, current home or
business address, and date of birth (e.g.
driver's license)

Photocopy of identifying document bearing
your name and signature

I hereby certify that I am the individual named in Part B of this request, and that all information on this form is true and correct.

Full Name

Date

Signature

Administrative Use Only

Approved

Not Approved

Reason: _____

Director's Signature

Date