



***Request for Amendment to
Protected Health Information***

Name: _____ Date: _____

Telephone Number: _____

I hereby request that Kentucky State University, Betty White Student Health Services, amend:

Please identify the relevant persons or entities who need to be informed about the amendment:

Please state the reason(s) supporting the requested amendment:

Signature of Individual (*or Legal Representative*)

Date

Individual's Name (*Print*)

Name of Legal Representative, if applicable (*Print*)

Relationship to Individual

Responsible Party's Name (*Print*)

Date