INFORMATION PRACTICES ACT INDIVIDUAL REQUEST FORM

SECTION A. Request for CURES Personal Records

Instructions

1. The records requested must be your own.
2. To complete this request form, you must:
   a. Provide your first name, last name, date of birth, and address with which your controlled substance prescription dispensation records may be associated.
   b. Specify the mailing address to which you authorize the Department to mail the requested CURES records via United States Postal Service.
   c. Sign and date the Verification in Section B before a validly licensed notary public.
   d. Submit this completed form and any required attachments to California Department of Justice, CURES Custodian of Records, P.O. Box 160447, Sacramento, CA 95816.
3. All fields within a row must be completed for each variation specified in Section A.
4. The Department will only return records **exactly matching the specified search criteria**.
5. Incomplete or deficient requests will not be processed.

I request CURES record(s) matching the name, date of birth, and address criteria specified below:

Last Name	*First Name*	*Date of Birth (mm/dd/yyyy)*	*Address*	*City*	*State*	*Zip Code*

Authorized Recipient Address

I authorize the Department to mail my CURES records via United States Postal Service to the following address:

Recipient Name: _____

_____

Address **City** **State** **Zip Code**

Requestor Contact Information

_____ _____

Email **Telephone No.**

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SECTION B. Verification

Verification to be completed by the patient

VERIFICATION

I have read the instructions contained within this form. By submitting this request, I represent that I am the person identified in Section A whose records are being requested. I also represent that the information I have provided herein is true to the best of my knowledge, and I understand that it is illegal to report false or misleading information. I understand that without a complete form and signature, this form will not be processed.

Executed on _____, 20____, at _____, California.

_____ _____

Type or Print Name Signature

To be completed by a notary public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF _____}

On _____ before me, _____, Notary Public,
(here insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____ (Seal)

Note: If you notarize this form outside of California, please use an acknowledgment form compliant with the laws of the state in which the notarization occurs.