

Medical Records Request for Employment Verification

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Recipient Name]
[Facility/Organization Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request copies of my medical records for the purpose of employment verification. My full name is [Your Full Name], and I was a patient at your facility from [Start Date] to [End Date].

For your reference, please find the following details:

- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN]
- Patient ID (if applicable): [Your Patient ID]

I authorize you to release the necessary medical records to my prospective employer, [Employer's Name], at the following address:

[Employer's Address]
[City, State, Zip Code]

If you require any further information to process this request, please do not hesitate to contact me at [Your Phone Number] or [Your Email].

Thank you for your attention to this matter.

Sincerely,
[Your Name]