

UAB **REQUEST FOR INFORMATION TO
UNIVERSITY HOSPITAL
EMPLOYEE HEALTH**

I request a copy of my _____

This information should be furnished to UAB University Hospital on _____
(DATE)

(Signature)

(Print Name)

(Social Security #)

(Date)

**The University of Alabama at Birmingham
Employee Health
136 Jefferson Towers
619 19th Street South
Birmingham, AL 35249-6508
205-934-3675
205-975-6900- FAX**