



AHC KORA Request Form

Date of Request Submitted: ____ / ____ / ____

Name: _____

Organization (if requesting on its behalf): _____

Mailing Address: _____

Email Address: _____

Daytime Telephone Number: (_____) _____ - _____

Reason for Request: _____

Request: *(A specific description of the records you are requesting. Make your request as specific as possible to expedite the process)*

Attach additional sheet if necessary.

Below to be filled out by AHC personnel

Date Received: ____ / ____ / ____

Received by: _____

Cost of Request: _____

Date request was provided: _____