



## **RESULT RELEASE FORM**

By signing this Release Form I am authorizing Request A Test to include my test results, and any past/future test results, in their database for review by Athletic Commissions. (Results will only be available if tests are negative.)

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Please Print mm/dd/yyyy

Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

If you also wish us to fax your test results please provide the following information:

Testing Date \_\_\_\_/\_\_\_\_ (month/year) If the fight taking place in California: Yes ( ) No ( )

While I understand that Request A Test, Ltd. does not encourage the use of faxing as a routine reporting method of confidential results, I request the use of faxing my results to the number listed below. I certify that the fax number listed below is in a secure area and is accessible to me.

I take responsibility for retrieving the results and agree to defend, indemnify, and hold Request A Test wholly harmless from and against all costs (including reasonable attorney's fees), liabilities, and expenses arising out of wrongful disclosure, breach of confidentiality of the misuse of my information.

Please fax results to (#): \_\_\_\_\_ Attn: \_\_\_\_\_

**Return completed form along with a copy of your photo ID to Request A Test**

**FAX** form and copy of photo ID to: **1-440-717-0540**

**EMAIL** form and copy of photo ID to: **customerservice@requestatest.com**

**MAIL** form and copy of photo ID to: **Request A Test  
8803 Brecksville Rd. Suite 7-130  
Brecksville, OH 44147**

**\*\*\*Please send a copy of your photo ID\*\*\***