



CONFIDENTIAL COMMUNICATIONS REQUEST FORM

Copy of Valid Identification Required

Name: _____ Date of Birth ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Type of Request

Please check the desired communication method and provide the required information:

Alternative address: _____

Alternative Phone Number: _____

Other: _____

If you desire communication via mail, please select the preferred format:

Sealed envelope

Postcard

Signature

Date

FOR CHI MEMORIAL USE ONLY

Request accepted

Request denied

Reason: _____

Signature

Title/Date

Date