

**United States Mint
Medical Information Release Form**

X Name: _____ X Phone Number: _____
X Address: _____ X Date of Birth: _____

I hereby authorize the United States Mint to *(check one)*:

- ☐ Release medical information to: _____
☒ Obtain medical information from: _____

Name: Kenyon P. Jordan, PhD., ABPP

Address: ColoradoAssessment.com

Records requested:

- ☐ Physical Exam ☐ Current Medication List
☐ Consults ☐ Discharge Summary and Instructions
☐ ER Record ☐ Progress Notes
☒ Other: please specify: Post-conditional offer psychological evaluation

Approximate dates of treatment: _____

For the purpose of: Psychological evaluation for employment as a law enforcement officer.

This release will expire in 180 days. I understand that I sign this form voluntarily and that I may change my decision at any time. To revoke this authorization, I must notify the United States Mint local Human Resources Officer in writing. Written revocation is effective upon receipt by the local Human Resources Officer. I understand that a revocation of this authorization will not apply to information that has already been released in response to this authorization.

X _____
Authorizing signature

X _____
Date

Witness Signature

Date