



### Client Authorization Form



Account [Select One]

AD000567 Emory University

AD000699 Emory Healthcare

Department

Street Address

Building, Floor, Suite, etc.

City, State, Zip

The following faculty/staff are authorized to access records stored off-site by the above department.

First Name	Last Name	Phone Number	Email Address

Completed by:

Date:

Email the completed form to the Emory University Records Manager for review.

**For Use by Records Manager**

Add to FileBridge

Add to off-site listserv

Update master list

Send welcome email