



Mentor Research Access Request

This form is used by Short Term Training Program faculty mentors to request temporary medical record access for research conducted by medical students working on special projects.

Date: _____

Requested By: _____
Print Mentor's Name

Medical Student Name:

Please Print

Date Start: Monday, June 8, 2009 Date End: Thursday, July 30, 2009

Signature: _____
Mentor's Signature

By my signature, I hereby request PCIMS and Essentris (MCCS) access to the medical student listed above as part of the summer STTP project I am sponsoring as approved by the David Geffen School of Medicine at UCLA. The accounts will expire on the end date specified.

Return completed form to the SOM Registrar, Marty Hunter, Room 14-176 CHS.