



COMPASSIONATE USE PROGRAM VERIFICATION REQUEST

| INDIVIDUAL/PATIENT INFORMATION | | | | | |
|--|--|--------------------------|--|-----------------|--------|
| Last Name | | First Name | | Middle Initial | Suffix |
| Date of Birth | Last four digits of SSN | Texas Driver's License # | | Texas ID Card # | |
| Physical Street Address | | | | | |
| City | | | State | Zip Code | |
| REQUESTOR INFORMATION | | | | | |
| Type of Request | Self Guardian Other (If Other, indicate relationship to patient) | | Probation Officer (Attach Patient Signed Authorization) Law Enforcement (If commissioned, complete Law Enforcement section below) | | |
| Last Name | | First Name | | Middle Initial | Suffix |
| Physical Street Address (Address may not be a P.O. Box) | | | | | |
| City | | | State | Zip Code | |
| Phone Number | Email | Agency/Organization | | | |
| LAW ENFORCEMENT (Commissioned) | | | | | |
| Title/Rank | Badge/Employee ID # | | LE PID # | | |
| Supervisor's Name | | Supervisor's Email | | | |
| Supervisor's Phone | | Supervisor's Email | | | |
| RECIPIENT INFORMATION | | | | | |
| Recipient Agency/Organization/Business Name | | | | | |
| Recipient Last Name | | Recipient First Name | | Middle Initial | Suffix |
| Physical or Mailing Address (Address may not be a P.O. Box) | | | Email Address | | |
| City | | State | Zip Code | Phone | |

SIGNATURE AUTHORIZATION: I authorize the Department of Public Safety to disclose the patient's participation in the Texas Compassionate Use Program, and the last date patient fulfilled CUP prescription. By signing this document, I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy laws.

Patient or Guardian's Signature _____ Date _____

Patient or Guardian's signature is required for all verification requests.

Attachment(s) Included

EFFECTIVE TIME PERIOD. This authorization is valid for purposes of the one-time disclosure to the identified recipient. Additional disclosures will require a new authorization.

This form should be submitted electronically to:

<https://www.dps.texas.gov/rsd/contact/CUP.aspx>

***** THIS AREA IS FOR DPS USE ONLY *****