

Date: \_\_\_\_\_

TO: AT&T Disability Dept.

I \_\_\_\_\_ wish to have  
you send me a copy of all of my disability records used to make  
the decision of my case # \_\_\_\_\_.

Please send to me at:

\_\_\_\_\_  
\_\_\_\_\_

Thank you

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Signature

Fax to: 1-866-224-4627