

***Your Official Institutional Letterhead – SIGNED and DATED
Attached to Medical Records***

Issuing Institution
10000 Street Name
City, State 00000

Month XX, 2025

U.S. Department of Justice
Radiation Exposure Compensation Program
P.O. Box 146
Ben Franklin Station
Washington, DC 20044-0146

Subject: Certification of Medical Records – Radiation Exposure Compensation Act

Dear Sir or Madam:

The attached medical records consisting of [# of] pages pertaining to [name of person in question] are a true and accurate copy of records kept in our files.

Sincerely,

Signature in Ink

Printed Name