

# Release of Remains Permission

After the death of the donor, the following statement is to be signed by the next-of-kin in the presence of two witnesses. It should be given to the funeral director who will transport the remains to the SUNY Upstate Medical University.

In accordance with the wishes of \_\_\_\_\_,  
I hereby release the remains of \_\_\_\_\_,  
who died on \_\_\_\_\_, to the Department of Cell  
and Developmental Biology, SUNY Upstate Medical University,  
Syracuse, New York, to be used as an unrestricted gift for medical  
education and research.

In connection with this release, I authorize \_\_\_\_\_, M.D.  
and/or \_\_\_\_\_ Hospital to release lab reports and  
patient history relating to \_\_\_\_\_.  
(donor's name)

Next-of-kin signature: \_\_\_\_\_

Next-of-kin printed name: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Address of next-of-kin: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Date of signing release: \_\_\_\_\_

**Department of Cell and Developmental Biology**  
SUNY Upstate Medical University  
750 East Adams Street, Syracuse, NY 13210