



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™**
Paul L. Foster School of Medicine

Department of Medical Education
Willed Body Program
5001 El Paso Drive, EL Paso, TX 79905
T: 915-215-4793 • F: 915-783-1715

Donation Form

TO WHOM IT MAY CONCERN:

It is my desire that after death my body be used for the advancement of medical science teaching and research. I do hereby will and bequeath my body to the Anatomical Board of the State of Texas to be assigned to:

*TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Paul L. Foster School of Medicine
Department of Medical Education
Willed Body Program
5001 El Paso Drive, El Paso, TX 79905*

I authorize the Anatomical Board of the State of Texas to transport the willed/donated body hereon described out of the State of Texas in the event that the holding institution and the executive secretary of the board have determined that an excess of bodies currently exists in the State of Texas. I understand that certain organs or tissues from my body may be permanently preserved and kept for teaching purposes. I also permit the Paul L. Foster School of Medicine Willed Body Program to collect my personal medical information and my personal medical records for use in teaching and research.

*Mr.
Ms.
Mrs.*

Date _____ Name *Miss* _____
(Please Print or Type)

Male Female

Date of Birth _____ Social Security Number _____

Address _____
(Street) (City) (State) (Zip Code)

SIGNATURE _____

WITNESSED BY:

Address _____

Address _____

Complaints or inquiries regarding a willed or donated body should be directed to the secretary-treasurer of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was delivered.

