



REQUEST FOR APPROVAL OF SPECIAL AGREEMENT

State Form 53676 (R / 3-24)
INDIANA DEPARTMENT OF HEALTH – OFFICE OF LEGAL AFFAIRS

REQUESTED APPROVAL PRIORITY FROM DATE RECEIVED IN OLA	
<input type="checkbox"/> Emergency*	within 14 days
<input type="checkbox"/> Expedite*	within 21 days
<input type="checkbox"/> Regular Priority	within 30 days

TO: Director, Office of Legal Affairs
Indiana State Department of Health
317-233-7409

Please Check One That Applies:

- Data Sharing Agreement Memorandum of Agreement (**If from the Federal Government**)
- License Agreement Provider Agreement (**No EDS Sheet Required**)
- Letter Agreement Other Special Agreement

Date approval needed: _____ Effective date of Special Agreement: _____

***If requesting approval within 21 days or less, please answer the following questions:**

Why is an *Emergency* or *Expedite* response necessary? _____

What prevented the submission of this Request to OLA sooner? _____

THRU: _____
Assistant Commissioner Month/Date/Year

Division Director or Month/Date/Year
Superintendent (If Special Institution)

FROM: _____
Contact Person and Position Month/Date/Year

Please attach the Special Agreement which needs approval. Also, attach any Amendments, Attachments or other documents referenced in the Special Agreement.

Do you have any of the documents in electronic format? YES NO

If yes, the attorney assigned may contact you to obtain them.

Are there any particular issues or concerns of which the Office of Legal Affairs needs to be aware?

Has a Special Agreement of this nature been prepared in the past? YES NO DO NOT KNOW

If yes, state when the Special Agreement was prepared and attach a copy, if available. _____.

This Section for use of the Office of Legal Affairs
Assigned to:
Date Distributed:
Signature: