

MHS Data Repository (MDR)  
Special Justification Form

DATE:

NAME AND USER ID:

COMPANY:

DSA#:

DATA REQUIRING SPECIAL JUSTIFICATION:

JUSTIFICATION:

Sponsor Approval:

---

Printed Name and Title

Date

---

Signature

AED Approval:

---

Printed Name and Title

Date

---

Signature

EIDS Approval:

---

Printed Name and Title

Date

---

Signature