

Health Science Center
Office of the Senior Vice President, Health Affairs
Contracts & Related Services

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Contract Information Request Form

Date: ____/____/____

Unit/Dept requesting information: _____

Contact person in Unit/Dept: _____

Phone: _____

Email: _____

Location of office/Rm. #: _____

Reason search is needed: _____

Date by which information is needed: _____ ***

Contract Information: Please be as detailed as possible

Legal name of parties: _____

UF unit/department benefited by (named in) contract: _____

Description of services being provided in contract: _____

Other facts which may aid searcher in finding needed contract (i.e. effective dates, Physician or clinic name, contract number, etc.):

****This search is a courtesy provided by this office. Please be advised that due to the workload of this office, turnaround time for requests is not guaranteed and searches are subject to availability of the staff's time.*