



UC Davis Health
2315 Stockton Blvd.
Sacramento, CA 95817
health.ucdavis.edu

Date: _____

Name: _____

Phone: _____

Address: _____

Donor # (If known): _____

Dear UC Davis Body Donation Program,

Please remove my file from your donor registry through your program. I am aware that withdrawing will result in the proper deletion of my file, and if I choose to donate through the program again, I will need to re-enroll.

Thank you,

Signature: _____

Please mail directly to:

**UC Davis Body Donation Program
4500 2nd Ave, Suite 5502
Sacramento, CA 95817**

Or scan and email to **bodydonation@health.ucdavis.edu**

Once received, our program will mail a letter to the address you provided confirming unenrollment in the program. Thank you.