



COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO
LOCAL 2336-DISTRICT 2-13
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CWA MEDICAL RECORDS REVIEW AND RELEASE FORM

I, _____ the undersigned, do hereby grant permission for all authorized Union Representatives to examine, review and obtain copies of any and all portions of my medical records maintained by the Company which are necessary to resolve an issue or process a grievance on my behalf.

I understand that information and discussions pertaining to these records or copies will be held in strict confidence unless otherwise stated by me.

SIGNED: _____

DATE: _____