



**Communications
Workers of America**
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**CWA
REVIEW AND RELEASE OF
MEDICAL RECORDS**

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

I understand all information and discussions of a personal nature pertaining to these records or copies of same will be held in strict confidence unless otherwise stated by me.

Signed _____ Date _____
(Grievant)