



**Communications
Workers of America**
Local 2108
10782 Rhode Island Avenue
Beltsville, Maryland 20705

Office Phone 301-595-2108
Fax 301-595-2412
www.cwalocal2108.org

**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 on 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: _____