



Local 6372

Release of Personal and/or 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 personal and/or 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 _____