



**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 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: \_\_\_\_\_