



NATIONAL RURAL LETTER CARRIERS' ASSOCIATION

AUTHORIZATION AND RELEASE OF INFORMATION AGREEMENT

This constitutes my consent and authorization to the disclosure and/or furnishing of any relevant and necessary information and/or records to _____, _____ of the National Rural Letter Carriers' Association, by any person, corporation, agency, or association concerning my personal history, medical history, employment, or any other matter relevant and necessary for reaching a conclusion to the grievance filed.

This authorization and release is executed with full knowledge and understanding that the National Rural Letter Carriers' Association will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the official business of processing grievances.

I hereby release the aforementioned person, Association, and/or its representative(s) from any and all liability for damages of any kind or nature which may at any time result to me on account of compliance, or any attempts at compliance with this authorization, except for damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original.

Date

Grievant's Name

Grievant's Signature

GRIEVANT'S ADDRESS: _____

CITY / STATE / ZIP CODE: _____

TELEPHONE NUMBER: _____

EMPLOYEE ID NUMBER: _____

EMERGENCY CONTACT NAME: _____

TELEPHONE NUMBER: _____

cc: Grievant
File