



Communications Workers of America, AFL-CIO

RELEASE/AUTHORIZATION FORM

I hereby give permission to any authorized representative of the Communications Workers of America, AFL-CIO. (CWA), to obtain copies of my entire personnel file and any other agency records pertaining to me, including but not limited to time and leave records, workers compensation records and/or any medical records on file. I also authorize CWA to discuss my situation with any appropriate representatives of the employer.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____