



CITY OF PROVIDENCE

Angel Taveras, Mayor

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize the physician, _____
(Please **print** the name of your physician)

to speak with Sybil Bailey, Director of Human Resources, and/or her designee, for the

purpose of obtaining medical information that involves my ability to perform the

functions of my job. I further give Sybil Bailey permission to discuss my medical

condition with Ronald Coia, Esq., Business Manager - Local Union 1033, as necessary.

Please list:

Your Physician's Street Address, City, State, Zip Code

Your Physician's Phone Number

Employee's Signature

Date

HUMAN RESOURCES

Providence City Hall | 25 Dorrance Street, Room 401, Providence, Rhode Island 02903

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