



**Department of Personnel**  
*"Building Pride in Providence"*

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

I hereby authorize the physician, \_\_\_\_\_  
(Please **print** name of physician)

to speak with Sybil Bailey, Director of Personnel, 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 Donald Iannazzi,  
Esq., Business Manager - Local Union 1033, as necessary.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Physician's Street Address, City, State, Zip Code**

\_\_\_\_\_  
**Physician's Phone Number**