

SYBIL F. BAILEY
DIRECTOR OF PERSONNEL



DAVID N. CICILLINE
MAYOR

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, Margaret Wingate for the purpose of obtaining medical information that involves my ability to perform the functions of my job.

Date

Signature

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

Physician's Phone Number