

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, 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.

_____, 2003 _____
Date Signature

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

Physician's Phone Number