

AUTHORIZATION FOR RELEASE OF UNION RECORDS

TO:

RE: (Plaintiff's name)  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

You are hereby authorized and directed to release and provide \_\_\_\_\_ or its representatives any and all records, including but not limited to the types of records listed below and including but not limited to all electronically generated or stored records:

1. Application for membership;
2. Yearly income including number of hours/days worked per year;
3. Names and addresses of any and all employers, locations of worksites including any job and/or work logs;
4. All pension related information including documents showing pension contributions by employers;
5. Documentation of any training participation and information regarding training materials or trade literature received;
6. Records of any grievances filed or claims made for work-related injuries;
7. Records of all claims for health, accident, pension or disability benefits;
8. All records pertaining to any claim for injuries allegedly due to exposure to asbestos or other materials in the course of his employment;
9. All medical reports and records, infirmary records, return to work slips, medical excuses and accident reports; and
10. Records pertaining in any manner to any health screening or educational sessions in which the aforementioned person participated regarding his claimed exposure to asbestos or other materials or conditions during the course of his employment.

Copies of the above-referenced materials should be numbered. A photostatic copy of this Authorization shall be considered as effective and valid as the original.

DATED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
(Plaintiff's name)