

S.M.A.A.R.T. & SBC OCCUPATIONAL MEDICINE DEPARTMENT

DATE: _____

Records Release Authorization

I, hereby authorize and request that you release to:

Kristie Darling Ronald Honse Debbie McKenney Patti Peterson

Kessler Krimmell Gary Grass Debbie Trammell Carla Putnam

Karen Heinkle Gloria Dukes Kathleen Wilkenson Joint Benefit Forum

SBA Medical Absence and Accommodations Resource Team and/or their representatives

From: ATT Benefits & ATT Health Related Services
San Antonio, TX
And: All vendors, agents or representatives of ATT

The complete medical records in your possession concerning my illness and/or medical treatment during the period of _____, including Laboratories, EKG's, and x-rays, and Accommodation Reports.

Printed Name: _____

Signature: _____

Address: _____

Date of Birth: _____

Social Security # _____

Title/NCS Date _____

Union Local # _____

Form: BEN-1 [9/06]