



**Communications, Energy and Paperworkers Union of Canada  
CEP Local 2003**

**AUTHORIZATION TO RELEASE MEDICAL REPORT**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby authorize you to release my full medical report and such other information and documentation as may be required, to the Communications, Energy and Paperworkers Union of Canada (CEP), and its Local 2003, 2065 Dundas Street East, Unit 105, Mississauga, Ontario, L4X 2W1. A photocopy of this authorization shall be as good as the original.

It has been explained to me that the union does not pay for medical reports and I hereby agree to pay any fee you may require for any report requested under the authority of this authorization myself. Please send your report to CEP Local 2003 and your invoice to me directly.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



**2065 Dundas Street East, Unit 105, Mississauga, Ontario L4X 2W1  
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