



MEDICAL RELEASE AUTHORIZATION

To: _____

Please accept this as my authorization to furnish medical information, evaluation, diagnosis, prognosis, and general information to my medical condition as well as information regarding prescribed medication I am currently taking and any side effects that this medication may have with my job performance (job description attached).

This authority is being given so that the information may be shared with my employer, Texas A&M Forest Service, and my immediate supervisor, _____. I am not authorizing the release of this information to any other source or individual.

Signature: _____ Date: _____

Printed Name: _____
First _____ Middle _____ Last _____