



## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

### TO WHOM IT MAY CONCERN:

You are hereby authorized to allow the City of Williston, the Pension Board, its agents, or employees access to any and all medical records pertaining to:

Name:

Address:

Social Security Number:

which are in the possession or are subject to the control of yourself or your organization, and upon request, to provide to the City of Williston Pension Board, its agents, or employees copies of any and all medical records you may have pertaining to the said UNDERSIGNED.

Your organization is released from responsibility or liability for the release of such medical information to the City of Williston Pension Board. However, I request that this information remain confidential as to all other persons not related or affiliated with the City of Williston Pension Board.

A photocopy of this signed authorization shall have the same status as an original bearing my signature.

Signature:

Date:

***The mission of the City of Williston is to offer an efficient affordable and safe place to live, work and play.***

Mayor - R. GERALD HETHCOAT / President – JASON CASON  
Vice President – CHARLES GOODMAN  
Council members / MATT BROOKS – CAL BYRD – ELIHU ROSS  
City Manager – SCOTT L. LIPPMANN / City Clerk – FRANCES V. TAYLOR