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Date: _____

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Medical Unit
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Room 1047K
Philadelphia, PA 19176

TO WHOM IT MAY CONCERN:

I authorize a designated Steward and/or Union official of the Philadelphia, PA Area Local, American Postal Workers Union, AFL-CIO to have access to my Personnel Folder in the work section and/or in the Personal Section, and all medical records, documents, files and other records that are maintained by the Postal Service. I also authorize my Union representative to obtain copies of all documents, files and other records, including medical records, that the Union deems necessary to properly represent me in the Grievance-Arbitration procedure.

Employee's Signature	_____
Employee Identification Number	_____
Work Location	_____
Tour	_____
Pay Location	_____