

CINGULAR WIRELESS

AUTHORIZATION FOR RELEASE OF INFORMATION

This authorizes Cingular Wireless to release the following information concerning myself to the individual and/or organization named below.

(PLEASE PRINT, EXCEPT FOR SIGNATURE)

ITEM(S) Any and all documentation pertaining to the following: _____

Including but not limited to: _____

Designated Recipient: all information requested by the union.

Name _____

Organization, Company or Profession _____

CWA Local 6203

Address _____

PO Box 16643

City State Zip Code

Lubbock, TX 79490

It is understood that no record shall be released that is not itself available to the employee or applicant.

By signing this request the undersigned hereby agrees to indemnify and hold harmless Cingular Wireless from any claims, actions, suits, damages or judgments which may arise from release of the foregoing information.

Employee's/Applicant's/Former Employee's Signature _____

Title _____

Location _____

Date _____

(Employee/Applicant/Former Employee completes section above) X

(Supervisor or other management representative completes section below) X

The specified information concerning this employee was forwarded to the designated recipient on X _____ Date

with no exceptions X

with exception of: _____

Name _____

Title _____

Location _____

Date _____