

# **RELEASE AND AUTHORIZATION**

**I hereby release, authorize, and direct AT&T, AIDSC, and any other entity involved in the administration of disability benefits claims under the AT&T AIDSC Disability Income Plan, or any successor plan, to provide to the Vice President of District 6 of the Communication Workers of America, or their designee, complete un-redacted copies of the complete contents of all disability benefit claim files concerning any and all claims I have made for disability benefits under the Disability Income Plan or any successor plan.**

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**Printed Name**

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**Signature**

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**Social Security Number**

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**Date**

**Send to  
CWA Local 6201  
421 S Adams  
Fort Worth TX 76104**

**Or fax to 817 332-3812**