



LAFD Catastrophic Illness/Injury Leave Donation Program

AUTHORIZATION FOR RELEASE OF INFORMATION

The purpose of this authorization is to assist the Los Angeles Fire Department Catastrophic Leave Committee (Committee) in responding to my application for assistance.

I hereby permit a representative of the Committee to:

- A. Investigate and copy, all of my financial records, personnel package, and medical records, including: history, diagnosis, treatment, prognosis, and any other information involved with changes incurred for medical treatment.
- B. Investigate and copy, all of my financial records without limitation, Federal and State income tax statements and returns, credit union transaction and records of any other financial transaction or bank/savings accounts.

I expressly waive the right of confidentiality and any claim by reason of release of information in accordance herewith to any active member of the Committee and its immediate staff. It is understood that the Committee will maintain said confidentiality.

Please send Application for Benefits and Authorization for Release of Information clearly marked "PERSONAL AND CONFIDENTIAL" to:

PERSONNEL SERVICES SECTION
City Hall East, Room 1600
200 N. Main Street
Los Angeles, CA 90012
Mail Stop 250

Attention: LAFD Catastrophic Leave Committee

Employee Name (Print)

Employee ID Number

Employee Name (Signature)

Date

This authorization is in effect immediately and for a period of one year hereafter.