



Date Received \_\_\_\_\_

Personnel ID # \_\_\_\_\_ Check # \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

**THE UNDERSIGNED**, being of lawful age, does hereby authorize and agree, as his/her free act and deed, to the release of medical records in the possession of Con-way Truckload Inc., and does hereby agree to release and forever discharge Con-way Truckload Inc., its parent company, affiliates, officers, directors, employees, agents, successors and assigns, from any and all liability arising out of or relating to the disclosure of records as specified herein. The undersigned, further acknowledges and agree that disclosure made pursuant to this Authorization may result in records being disclosed to a third party by the recipient, which may no longer be held as confidential. This Authorization may be revoked upon written request of the undersigned.

**RECORDS RECIPIENT:**

Business Name: RECORDS DEPOSITION SERVICE, INC.	City/State/Zip: SOUTHFIELD, MI 48086-5054
Recipient Name/Title:	Telephone: 248-357-3330
Street Address: P.O. BOX 5054	Email: requests@recdep.com

**RECORDS RELEASE:**

**THE UNDERSIGNED** acknowledges and agrees to the release of all documents in the possession of Con-way Truckload, Inc. which may contain information regarding the medical condition and/or history of the undersigned without limitation to a specific part or area of the body. This would include, but not limited to, all medical documents in the undersigned's employee file and/or workers' compensation file.

**INSTRUCTIONS:**

1. Original Authorization must be received within 30 days of the date of notarized signature. No copies will be accepted.
2. \$100 processing fee must be received with completed Authorization. No personal checks will be accepted.
3. Remit to: Con-way Truckload Inc., Attention Candice Nixon, 4701 East 32nd Street, Joplin, MO 64804

**AUTHORIZING PARTY:**

Date of Birth:	Dates of Service:
Social Security Number:	Last Title Held:
Signature and Date	Full Printed Name (include former names used during term of service)

**NOTARY ACKNOWLEDGMENT:**

STATE OF \_\_\_\_\_ (SS)  
 COUNTY OF \_\_\_\_\_

**BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC**, in and for said county and state, on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be the person who executed the within Authorization for Release of Records, and acknowledged to me that he/she executed same for the purposes therein contained.

**IN WITNESS WHEREOF**, I have hereunto set my hand with official seal and commission expiration date.

Signature	Printed Name