

Tuscaloosa Police Officers and Firefighters Retirement Plan



*City of Tuscaloosa
Post Office Box 2089
Tuscaloosa, AL 35403
Phone: (205) 248-5230 Fax: (205)248-5795*

Greg Medders, Chairman

Consent for Release of Medical Information

I authorize the City of Tuscaloosa Human Resource Department to release to the Board of Trustees of the Tuscaloosa Police Officers and Firefighters Retirement Plan any information, including medical information, the Board may request in order to consider my application for disability retirement.

I understand that the City of Tuscaloosa will not be held responsible for the actions of the Board of Trustees in relation to the release of this information. I further understand that the Board of Trustees will maintain the confidentiality of my information and use it only for the purpose of considering my request for disability retirement.

Applicant's name (print)

Date

Applicant's signature

Witness signature