



AUTHORIZATION FOR HEALTH RECORDS RELEASE

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Name: (please print) _____
Last Name First Name M.I. Maiden (if applicable)

UIN: _____ please check one: Male Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

I _____ Authorize TAMMA to
Print Name

Release all of my Medical information required to Commercial Shipping Company to sail for Summer Commercial Shipping term.

Signature

Date