

**AUTHORITY TO RELEASE EMPLOYMENT RECORDS
OF**

(Name)

(Social Security #) _____
(Birthdate)

Date:

Send Records To:

To:

**THE CITY OF LOS ANGELES
DEPT. OF FIRE AND POLICE PENSIONS
Disability Pensions Section
360 E. Second Street, Ste. 400
Los Angeles, CA 90012**

This will be your authority to release to the Department of Fire and Police Pensions and the Board of Fire and Police Pension Commissioners of the City of Los Angeles the following information requested in connection with the employment history of the above named individual.

Please provide the below-named Pension Claims Analyst at the Department of Fire and Police Pensions with copies of any and all personnel records including job description, position title, performance evaluations, payroll records, length of employment, hours worked, sick or injury reports, pre-employment physical examination records, and date and time of absences from work.

This information is to be used only in the processing or review of an application for disability pension benefits. I further authorize the Department of Fire and Police Pensions and the Board of Fire and Police Pension Commissioners to release such information to pension doctors on behalf of said Board. This authorization shall be considered valid for five (5) years from the date signed. (Copies of this authorization will be considered as valid as the original.)

(Date)

(Signature)

Your prompt attention to this matter will be appreciated. For clarification or further information, please feel free to contact Pension Claims Analyst _____ at (213) 978-4500.

[The person releasing the above-described records, as well as the patient to whom it pertains, are entitled to receive a copy of this authorization upon demand. (California Civil Code, Part 2.6 Section 56 et. seq. added by Stats 1981A "Confidentiality of Medical Information Act").]