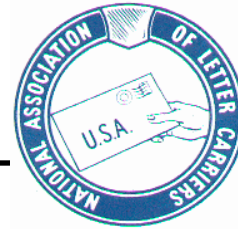


National Association of Letter Carriers
Capital City Branch 380
Trenton, New Jersey



DATE: _____

BRANCH GRIEVANCE #: _____

CASE DESCRIPTION: _____

This section shall be completed by the Shop Steward

NALC - Standard Release Form

I _____ give my consent and authorization to all officials of the NALC to obtain any and all information and documents relating to my possible grievance and/or my OWCP claim, (file number: _____).

This release shall cover any and all materials and documents in my personnel folder (OPF) and/or medical records file. I further authorize these individuals to serve as my representatives in all contractual issues related to the matter being investigated and/or grieved.

Sign: _____ Date: _____

Print : _____