Medical Release Form

INSTRUCTIONS:

1. This form must be completed by the employee and submitted to the health care provider authorizing the release of medical information to the agency.
2. The health care provider must return a copy of this Medical Release Form to the agency along with the Medical Certification Form.
3. The health care provider may return this release form along and the Medical Release Form to the agency by fax, e-mail or postal delivery. ***HOWEVER, IT IS THE EMPLOYEE'S RESPONSIBILITY TO ENSURE THAT ALL FMLA PAPERWORK IS PROPERLY RETURNED TO THE ABC PERSONNEL DIVISION WITHIN 15 CALENDAR DAYS OF HAVING BEEN SENT PAPERWORK FROM ABC PERSONNEL DIVISION.***

Return all FMLA paperwork to:
Nan Hahn
ABC Personnel Division
PO Box 1151
Montgomery, AL 36101
Telephone: 334-260-5439
Fax: 334-260-5450
e-mail: nan.hahn@abc.alabama.gov

AUTHORIZATION

I, _____, hereby authorize my employer, the **Alabama Alcoholic Beverage Control Board,** to contact my health care provider as identified on the Medical Certification Form that I have submitted requesting leave under the Family and Medical Leave Act. This authorization is for the purpose of verifying the information in the paperwork and the validity thereof.

Employee's Name - Printed:_____

Employee's Signature:_____

Date:_____