

NATCA OWCP COMMITTEE

RELEASE OF CLAIMS

1. In consideration of the NATCA OWCP Committee's assistance with my OWCP claim, I, _____ do hereby release, waive, and discharge the
[PRINT FULL NAME]

NATCA OWCP Committee and the individual members of the NATCA OWCP Committee from any and all present and future legal and/or equitable claims arising out of my release of medical and personal information to the NATCA OWCP Committee and the individual members of the NATCA OWCP Committee.

2. I acknowledge and hereby accept that the release of my OWCP information may involve the use, disclosure, and distribution of certain privileged and confidential medical and personal information.

3. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Signature

Address

Printed Name

City, State Zip Code

Date

Telephone Number