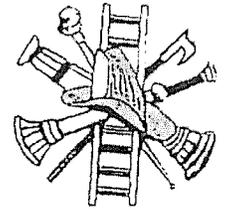




City of Lowell, Massachusetts
Lowell Fire Department

Headquarters
JFK Civic Center
99 Moody Street
Lowell, MA 01852



Edward J. Pitta
Fire Chief

(978) 459-5553
fax: (978) 459-5558

AUTHORIZATION TO OBTAIN MEDICAL INFORMATION

I, _____ AUTHORIZE SEE BELOW

TO RELEASE ANY MEDICAL INFORMATION IN CONNECTION WITH MY INJURY
CLAIM DATED _____. I AGREE THAT PHOTOGRAPHIC COPY OF THIS
AUTHORIZATION SHALL BE VALID AS THE ORIGINAL. ANY AND ALL
INFORMATION SHALL BE SENT TO/ OR DISCUSSED WITH CHIEF EDWARD J. PITTA
OR THE CITY OF LOWELL LAW DEPARTMENT.

DATE: _____

SIGNATURE: _____

S.S.#: _____

WITNESS: _____

DOCTOR: _____

HOSPITAL: _____

PHARMACY: _____

CHIROPRACTOR: _____

PHYSICAL THERAPIST: _____

OTHER: _____