



**FOR INTERNAL UNION USE ONLY**

Date \_\_\_\_\_ Signed \_\_\_\_\_

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I hereby give consent to the inspection by any authorized union representative of any records kept by the Company which may affect the conditions of my employment and to release copies to the Union. This authorization is given in accordance with the existing agreement between the Union and the Company.

Date \_\_\_\_\_ Signed \_\_\_\_\_