



New York State Department of Labor
Division of Safety and Health
State Office Campus, Building 12 - Room 161A
Albany, New York 12240
(518) 457-2735

Waiver to Permit Release of Medical Information

I, _____, an applicant to the New York State Department of Labor for a license to purchase, own, possess, use, transport, deal in, manufacture or sell explosives do hereby authorize any hospital at which I may have been a patient to have my medical and/or psychiatric records reviewed by a physician representing that hospital, and do further authorize such physician to submit a report based on said records to the Commissioner of Labor.

I understand that hospitals to which this release applies would include any such institutions, public or private, in New York State or elsewhere, including those operated by voluntary non-profit organizations, municipal governments, the New York State Department of Mental Health, religious organizations, the Veteran's Administration, or any others.

I hereby release the director of such hospitals and any responsible staff from any and all liability that may result from permitting the Commissioner of Labor to receive information based on these records. I understand, that information from any such records will be used solely to investigate my application and will not be made available to any other individual or agency for any other purposes whatsoever.

Date: _____ Signature: _____

Submit two copies of the waiver to:
New York State Department of Labor,
Division of Safety and Health
License & Certification Unit
State Office Campus
Building 12-Room 161A
Albany, NY 12240