

AUTHORIZATION FOR RELEASE OF SEA SERVICE
RECORDS AND RECORDS OF ADMINISTRATIVE CHARGES

Date _____

Commandant (MVP)
U.S. Coast Guard
Washington, DC 20226

Gentlemen:

This will be your authorization to release to the Masters, Mates and Pilots Health and Benefit Plan any information which you may have regarding my record of sea service, past, present and future, together with the records, if any, of administrative charges brought by the Coast Guard seeking suspension or revocation of my license. I hereby agree that a photostatic copy of this authorization may serve as an original.

Very truly yours,

(Signature)

Name: _____

SS#: _____