

AUTHORIZATION FOR RELEASE OF RECORDS

I, _____, Social Security No. _____, hereby appoint _____, as my authorized representative for the purpose of obtaining any and all records relating to my duties as a contractor for Exelon Corporation (“Exelon”), including but not limited to all personnel records, medical records, psychological records, treatment records, diagnostic tests, records or results, Fitness For Duty Program records (in accordance with 10 CFR Part 26) and/or Access Authorization records (in accordance with 10 CFR Part 73).

I understand that by signing this authorization form I am waiving any claims that I may have against Exelon for the release of information under any federal, state or local statute, including, but not limited to any claims under the Americans With Disabilities Act, the Illinois Human Rights Act, the Illinois Personnel Records Review Act, the Mental Health and Developmental Disabilities Confidentiality Act, the Alcoholism and Other Drug Dependency Act, the Energy Reorganization Act of 1974 and/or 10 CFR Parts 26 and 73, as well as any constitutional or common law claims.

Signed: _____

Signed and sworn to before me
this ____ day of _____ 20 ____.

Notary Public

Fax to Exelon Corporate Security at (630) 657-4311