

**RELEASE OF INFORMATION**

1. I give the Human Resources/ADA Office personnel permission **to issue a Medical Inquiry Form to my physician or relevant professional** to verify my disability and need for accommodations.

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1. I give the Human Resources/ADA Office personnel permission to discuss my disability and need for accommodation **with my Dean or Vice President**.

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1. I give the Human Resources/ADA Office personnel permission to **talk with any medical specialists, mental health specialists, or rehabilitation counselors** to clarify issues related to my disability or accommodations that I have requested.

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