Supported by Administrative Council: 12-12-12
Approved by Dr. Glenn: 12-12-12

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.

   NAME:____

   DEPARTMENT:____

   DATE:____

   SIGNATURE:____

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

   NAME:____

   DEPARTMENT:____

   DATE:____

   SIGNATURE:____

3. 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.

   NAME:____

   DEPARTMENT:____

   DATE:____

   SIGNATURE:____