Health Information Release Waiver For ADA Accommodations

_____
Name (please print)

_____
Address

_____
City **State** **Zip Code**

_____ _____
Home Phone Number **Work Phone Number**

I, _____ am requesting reasonable accommodations for my medical condition(s) through my employer, University of North Georgia. I give a representative of the Office of Human Resources permission to speak with and or request written information regarding medical assessment(s) on my behalf. I authorize my health care provider to release relevant information regarding my medical condition. I realize that this information will be kept in confidence and will be used only for purposes of approval of reasonable accommodations under the Americans with Disabilities Act (ADA).

_____ _____

Employee Signature Date

Accessibility Statement
If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please contact Michael McLeod at Michael.McLeod@ung.edu or 678-717-2232.