



ELMIRA
COLLEGE

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Elmira, NY 14901
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**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
ADA ACCOMMODATION(S) REQUEST FORM**

In the context of assessing an accommodation request, medical documentation may be needed. Please complete and return this form along with your *Request for Accommodation* form. This release will be submitted to your doctor(s) in the event that additional information is needed regarding the medical condition(s) for which you are requesting reasonable accommodation(s).

I, _____, hereby authorize you (Provider named below), to complete the attached Medical Inquiry in Response to an Accommodation Request form and disclose to Elmira College, and Elmira College representatives as necessary, any records and/or information relating **only to the condition(s)** for which I am requesting reasonable accommodations:

_____ (list the condition(s) for which you are requesting reasonable accommodation)

This information will be used for the purpose of evaluating my request for reasonable accommodation under the Americans with Disabilities Act (ADA).

I understand that I have no obligation to disclose any information from my medical records, and all information disclosed pursuant this Release shall be treated as confidential. I also understand that I may revoke this consent at any time by notifying you in writing of my decision, unless you have disclosed the information in reliance on my statement of consent.

I have read this form or have had it read and explained to me and I understand its contents.

Employee Signature: _____

Date of Signature: _____

Name/ Address of Healthcare Provider 1:

Phone Number: _____

Name/ Address of Healthcare Provider 2:

Phone Number: _____