



**Health Information Release Waiver
for ADA Accommodations**

Name (Please Print)

Address

City

State

Zip Code

Work Phone Number

Home Phone Number

I, _____, am requesting reasonable accommodations for my medical condition(s) through my employer, Albany State University. I give a Human Resources Department representative 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