



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, **Albany State University**. 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

Date