

**AMERICANS WITH DISABILITIES ACT
Request for Disability Accommodation Form**

Employee Name: _____

Supervisor's Name: _____ Department: _____

Describe your disability (e.g. visual impairment, physical impairment, or other.):

Describe how your disability impairs your ability to perform assigned job duties:

Describe the reasonable accommodation that you are requesting:

Provide Medical Documentation:

Include copies of any medical documentation such as FCE's, reports or prescriptions issued by your Physician / Health Care Provider, and/or any other documentation relevant to your request. All documentation is confidential and used for the purposes of consideration for ADA accommodation only.

Employee Signature

Date

Submit original to:
Director of Human Resources
Gadsden State Community College
P. O. Box 227
Gadsden, AL 35902-0227
Phone: 256-549-8236

**GADSDEN STATE COMMUNITY COLLEGE
MEDICAL/HEALTHCARE INFORMATION RELEASE FORM**

I _____, hereby authorize
(Patient First, Last Name)

_____ to furnish
(Physician or Facility)

and discuss with the Director of Human Resources for Gadsden State, any information relevant to the following condition (*list condition(s) or diagnosis(es); attach supplemental documentation as necessary*): _____

_____ ,
for the purpose of evaluating my request for accommodation. A complete photocopy of this authorization shall be accepted as if it were a signed original and is valid from the date of this release until Gadsden State completes its evaluation of my request for accommodation of this condition.

I release _____ from any liability associated with
(Physician or Facility)

the disclosure of confidential or privileged medical/healthcare information. I understand that the Gadsden State cannot properly evaluate my request for accommodations unless I sign this release and that any information disclosed under this release could potentially be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

I understand that I can revoke this release in writing at any time by sending a written revocation of authorization to: Director of Human Resources, Gadsden State Community College, P. O. Box 227, Gadsden, AL 35902-0227

Employee Signature

Date