TEXAS A&M UNIVERSITY TEXARKANA

AUTHORIZATION FOR LIMITED RELEASE OF MEDICAL INFORMATION

NOTE:

- With few exceptions, the employee has the right to request and review information about them collected using this form.
- A photocopy or facsimile of this form may serve as an original.
- The information sought on this form pertains only to the condition for which this accommodation is being requested under the ADA.
- TAMUT will not request medical information for every accommodation request but rather only for cases in which the disability and/or need for accommodation is not obvious or otherwise known.
- The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you and your medical provider not provide any genetic information when responding to this request for medical information.

I,____, authorize the Americans with Disabilities Act (ADA) Coordinator at Texas A&M University-Texarkana (TAMUT) to receive medical records and information and to discuss my medical condition with the following care providers for the purpose of assessing my reasonable accommodation request. The information requested and provided must be limited to that which is needed to assess my reasonable accommodation request, and should not contain information on conditions unrelated to the accommodation request.

Please provide the full name, address, and telephone number(s) of all applicable providers.

1.

2.

3.

I understand that TAMUT will only request medical information that is directly related to the following (as indicated).

- ☐ Confirmation that my medical condition is a disability under the ADA, as amended, and/or the Rehabilitation Act, as amended;
- ☐ the functional limitation(s) or work-related restrictions associated with the stated disability;
- ☐ the reason that the requested reasonable accommodation is needed;
- ☐ clarification of medical information previously submitted to TAMUT; and/or
- ☐ recommendations regarding alternative accommodations.
- ☐ Other (specify): ____

I understand that the information that is collected and discussed is to be treated with confidentiality. However, in order to make decisions or provide advice on matters relating to my request for a reasonable accommodation, directly relevant information may be shared with supervisors/managers and others who need to know the information in order to address any work restrictions and/or accommodations; and/or those responsible for emergency treatment.

This release terminates 90 days after the date of the signatures below.

Employee Signature	Date	Witness Signature	Date