

EMPLOYEE: Release of Information

I, _____, hereby authorize the release of the following information to the ADA Coordinator for the purpose of determining my eligibility as a person with a disability on the campus of Fayetteville State University.

Signature: _____ Date: _____

TO THE DIAGNOSING PROFESSIONAL: Employees requesting a disability eligibility review for the purpose of receiving accommodations at Fayetteville State University are required to provide current documentation about their physical or mental impairment. Documentation standards to determine legal eligibility are more stringent than for usual clinical practice. Eligibility is based on documented clinical data not simply on self-report or evidence of a diagnosis. The university’s ADA Coordinator will review the documentation you provide. The purpose of the review is to determine whether the employee has a “disability,” as defined by the Americans with Disabilities Act (ADA) of 1990. The definition of “disability” as outlined in this Act, is tailored for the purpose of eliminating discrimination, and therefore, may differ from the definition of “disability” under other statutes. As the diagnosing professional, please complete fully all sections of this form and provide a brief narrative. Failure to do either may interfere with the employee receiving a timely eligibility decision.

Documentation should be sent directly to:

ADA Coordinator/Human Resources
Fayetteville State University
1200 Murchison Road
Fayetteville, NC 28301
FAX: 910-672-1821

PLEASE NOTE: ALL INFORMATION PROVIDED MIGHT BE SHARED WITH THIS EMPLOYEE UNLESS CLEARLY MARKED OTHERWISE.