

Seton Hall University
Department of Human Resources

Policy on Reasonable Accommodations for Employees with Disabilities

EMPLOYEE ADA AUTHORIZATION FOR RELEASE OF INFORMATION

In addition to a completed Reasonable Accommodation Form, the Seton Hall University Policy on Reasonable Accommodations for Employees with Disabilities requires that all requests for accommodation include a release executed by the employee allowing the AVP for HR (as defined in the policy), the employee's healthcare provider and/or a healthcare provider or technical assistant selected by the University, to discuss the limitation and any proposed reasonable accommodation for the employee.

Related to my recent request for reasonable accommodation under the ADA/ADAA and to facilitate the interactive process and provide support for my request,

I, _____, release and authorize
(name of employee)

the AVP for HR, my healthcare provider and/or a healthcare provider selected by the University, to verify my disability, need for accommodations and any proposed reasonable accommodation. This release and authorization includes any of my healthcare records that are required to be shared in connection with these discussions.

I further authorize my healthcare provider(s) to disclose to the AVP for HR for the University (including any person authorized by the University to handle medical information for ADA purposes), any information concerning my physical or mental condition that is necessary to determine whether I have a disability and to determine whether any reasonable accommodations can be made. I also authorize the AVP for HR to discuss with my healthcare provider any questions with respect to my condition that relates to the performance of the essential functions of my job and any accommodations that may be necessary.

I understand that the requested data is for the above-mentioned purposes, and that I may refuse to provide the requested medical information. However, I understand that if I refuse to provide the information, the University may refuse to provide a reasonable accommodation.

This authorization is valid for one (1) year from the date indicated below or upon receipt of my signed written notice to withdraw my consent. A photocopy is as valid as an original.

I understand that since the reasonable accommodation process requires interactive discussion between all parties involved, including management with regards to how to accommodate and the impact of that accommodation, the AVP of HR will be

communicating with such necessary University employees regarding information related to my accommodation.

I understand and authorize the above disclosures, and understand that my failure to permit these disclosures may result in accommodation being declined due to lack of sufficient information.

Signature of employee

Dated: _____