

DISABILITY ACCOMMODATION

REQUEST AND AUTHORIZATION TO RELEASE CERTAIN HEALTH INFORMATION

Date: _____

To: _____
(Name of Your Health Care Provider)

I have informed my employer, Pace University, that I have the following condition or impairment: _____

In order to assist me in performing the essential duties of my position, I requested that the University provide me with the following accommodation:

A copy of my job description is enclosed.

The University requires certain information about me from an appropriate health care professional in order to evaluate my request for an accommodation. Accordingly, I request that you, and hereby authorize you to, provide to the University information and records responsive to the following:

- (a) the identification and evaluation of the nature, severity and duration of my impairment; and
- (b) the identification of the activity or activities that are limited by my impairment; and
- (c) an evaluation of the extent to which my impairment limits my ability to perform the activity or activities identified in Paragraph (b) above; and
- (d) an evaluation of the need for the requested reasonable accommodation(s); and
- (e) an evaluation of the way in which the reasonable accommodation(s) requested would enable me to perform my job-related tasks; and
- (f) the identification and evaluation of alternative reasonable accommodations; and
- (g) the identification and evaluation of the extent to which my impairment poses a direct threat, if any, to the safety of myself or others.

Healthcare Professional: When providing the requested information, please do so on official letterhead with your office contact information.

Employee: To expedite the process, employees are strongly encouraged to send a scanned copy or photograph of their documents via email to their campus Employee & Labor Relations representative for review.

Human Resources
Employee & Labor Relations
NYC: Sia Bundor
sbundor@pace.edu

Human Resources
Employee & Labor Relations
Westchester: Luciana Ziegler
lziegler@pace.edu

Signature: _____ Date: _____

Date of Birth: _____