

***DISABILITY ACCOMMODATIONS:  
REQUEST AND AUTHORIZATION TO RELEASE CERTAIN HEALTH  
INFORMATION***

Date: \_\_\_\_\_

Dear \_\_\_\_\_  
(Name of 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:

\_\_\_\_\_  
\_\_\_\_\_

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.

In addition to the above information, please provide the University with information concerning your applicable degrees, and/or board certifications and/or licenses you hold, and/or your areas of specialization.

The information and any records responsive to this request and authorization should be sent to your campus Employee Relations Manager at one of the addresses below:

Human Resources  
Employee Relations Manager  
110 William Street, 11th Floor  
New York, NY 10038

Human Resources  
Employee Relations Manager  
100 Summit Lake Drive, 3rd Floor  
Valhalla, NY 10595

A copy of my job description is enclosed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_