



**ADA AUTHORIZATION FOR RELEASE OF INFORMATION**

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

1. I give the Goodwill Human Resources/ADA Office personnel permission to fax a request form to my physician or relevant professional to verify my disability and need for accommodations. Specifically, I further authorize the following medical providers:

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To disclose to Goodwill HR/ADA personnel (including any person authorized by my employer 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 accommodations can be made. I also authorize Goodwill HR/ADA personnel to speak to the above-named physician or health care provider directly in regards to any questions they may have 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, my employer may refuse to provide reasonable accommodation. This authorization is valid for one 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.

2. I understand that since the reasonable accommodation process requires interactive discussion between all parties involved, including management with regards to how to accommodate and how that accommodation may impact the business, as well as whether or not the business impact is significant, HR/ADA Office Personnel will be communicating with these members of Goodwill regarding information related to my medical condition, disability and accommodations.

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:

NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Submit this form to Diana Inglis ([dinglis@goodwillnwc.org](mailto:dinglis@goodwillnwc.org) or fax: 336-714-3054)