



EMPLOYEE REQUEST FOR ACCOMMODATION THE UNIVERSITY OF TEXAS AT EL PASO

Authorization for Release of Medical Information

The University of Texas at El Paso (UTEP) is required by law to provide reasonable accommodations to qualified employees with disabilities in accordance with the Americans with Disabilities Act (ADA), as amended, and to employees experiencing limitations associated with pregnancy, childbirth, or related conditions under the Pregnant Workers Fairness Act (PWFA). The determination of a reasonable accommodation is a collaborative and interactive process between the University’s ADA Coordinator, the employee seeking an accommodation, the employee’s supervisor(s), and/or other appropriate personnel as needed.

I, (Please print name) _____, authorize the UTEP ADA Coordinator’s Office to receive my medical records and information and to discuss my medical condition with the following healthcare care provider for the purpose of assessing my reasonable accommodation request. The information requested and provided must be limited to that which is needed to assess my reasonable accommodation request and should not contain information on conditions unrelated to the accommodation request.

Employee Signature

Date

By signing above, I authorize my licensed healthcare provider to complete this form for the purpose of UTEP’s assessment of my request for a reasonable accommodation under the ADA and/or PWFA. I understand that I may revoke this authorization at any time by providing written notification to the University’s ADA Coordinator. If I decide to revoke this authorization, I understand it may not have an effect on actions already taken by the University prior to receiving my notice of revocation. I acknowledge and understand that this authorization shall expire if I no longer seek a workplace accommodation under the ADA and/or PWFA, or if I am no longer employed with the University.

Licensed Medical Professional Contact Information	
Name:	_____
Phone Number:	_____
Fax Number:	_____
Mailing Address:	_____
City, State & Zip:	_____

ADA Coordinator Contact Information:

Equal Opportunity Office
Kelly Hall, Room 302
500 W. University Avenue
El Paso, Texas 79968
Phone: (915) 747-5662
Fax: (915) 747-6308
Email: ADAaccommodations@utep.edu
Website: www.utep.edu/eoaa

The University’s full policy regarding Accommodations for Individuals with Disabilities is available in the [University’s Handbook of Operation Procedures, Section VI, Chapter 2](#) (<https://www.utep.edu/hoop/section-6/ch-2.html>).