MEDICAL RELEASE STATEMENT
for Reasonable Accommodation Requests

HUMAN RESOURCE SERVICES
WASHINGTON STATE UNIVERSITY
PULLMAN, WA 99164-1014

WSU EMPLOYEE NAME (Last, first, middle initial)	DEPARTMENT	TELEPHONE

Physician, therapist, psychologist, or other health care provider who has information or documentation concerning your condition or need for reasonable accommodation:

HEALTH CARE PROVIDER NAME	ADDRESS	TELEPHONE

CHECK ONE:

☐ I **do** authorize my health care provider to discuss directly with WSU representatives any medical information relevant to my request for reasonable accommodation.

OR

☐ I **do not** authorize my health care provider to discuss directly with WSU representatives any medical information relevant to my request for reasonable accommodation.

I understand that it may be necessary for WSU representatives to share this information for purposes related to reasonable accommodation of a disability. I authorize WSU to share this information among appropriate staff and authorized representatives to the extent necessary to determine whether accommodation is necessary and to administer the accommodation process.

I understand that information obtained under this release is a confidential medical record and is maintained separately from my personnel file.

This authorization is valid for 90 days after the date of my signature below.
I understand that I may revoke this consent at any time.

EMPLOYEE SIGNATURE	DATE

NOTICE TO WASHINGTON STATE UNIVERSITY:

Information disclosed to Washington State University may be from records which are confidential and protected in accordance with RCW 70.02. State law prohibits University employees from making any further disclosure of such information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Information concerning a client in alcohol/drug treatment is disclosed to the University from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit University employees from making any further disclosure of such information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.