

Health Condition:

Name of disability/health condition: _____

Describe your understanding of your disability and the probable impact on living at Glenville State College:

Please describe any adaptive technology, including hardware/software, or specialized equipment that you use:

Notice and Release
(A copy is as valid as an original)

The Americans with Disabilities Act (ADA) requires an employer to provide reasonable accommodation to a student or employee with a disability, unless doing so would cause significant difficulty or expense. Glenville State College doesn't have to provide an accommodation if doing so would cause it undue hardship. Undue hardship means that the accommodation would be too difficult or too expensive to provide, in light of Glenville State College's size, financial resources, and the needs of the business. Glenville State College does not have to provide the exact accommodation requested. If more than one accommodation works, Glenville State College may choose which one to provide.

I hereby authorize Glenville State College to obtain any medical documentation necessary to process this request. My treatment provider(s) may release my health information to Glenville State College. Glenville State College may release my health information to others necessary to address my request for accommodation. I understand that this form needs to be completed in full and additional medical information may be required. Glenville State College may request additional information from either me or my treatment provider if needed. I am aware that

Glenville State College may also seek medical information from me or my treatment provider(s) in order to assess my housing accommodation request. I understand that Glenville State College will take the suggestions that medical providers make into consideration, but it is Glenville State College's decision as to whether the accommodation(s) can be met in a reasonable fashion. A copy of this document may be accepted as the same as an original.

My signature of this Notice and Release authorizes:

- a. Glenville State College's Title IX/Equal Employment Opportunity/Affirmative Action/ADA Compliance Coordinator/Officer to **OBTAIN from and DISCUSS with my treatment providers** any medical documentation and health information relating to any disability/condition;
- b. my treatment provider(s) to **RELEASE to and DISCUSS with** Glenville State College's Title IX/Equal Employment Opportunity/Affirmative Action/ADA Compliance Coordinator/Officer any medical documentation and health information relating to any disability/condition;
- c. Glenville State College's Title IX/Equal Employment Opportunity/Affirmative Action/ADA Compliance Coordinator/Officer to disclose my health information as it relates to my disability/condition and this accommodation request on a need to know basis to appropriate Glenville State College personnel including but not limited to the Student Life Office and the Physical Plant personnel

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If student is under the age of 18)

Printed Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

SECTION II. TO BE COMPLETED BY THE CLINICIAN/HEALTH CARE PROVIDER

(PLEASE PRINT CLEARLY OR TYPE)

Name of disability/disorder/health condition:

Date of diagnosis: _____

Does the condition significantly limit a major life activity? _____ Yes _____ No

Please explain how the major life activity is ameliorated or eliminated by any treatment or medication being given to this individual.

List current medication(s), dosage and frequency, adverse side effects, if any, and potential impact on housing.

Describe severity of condition and its probable impact on the student's living situation at Glenville State College.

Please describe housing accommodations needed based on functional limitation(s) caused by the individual's specific disability/disorder/illness.

If a student, please assess if the student is at risk in event of an emergency evacuation (for example, fire):

CERTIFYING MEDICAL PROFESSIONAL

Name (print)

Driver's License Number

Address

City/State/Zip

Telephone

Email

Fax

Signature