



Release of Information

Professional's Name: _____ Title: _____

Address: _____

Dear _____,

I have been asked by the Disability Services Coordinator at Kansas City University of Medicine and Biosciences ("KCU") to provide documentation regarding my medical condition/impairment as part of my formal request for reasonable accommodation(s). The University policy requires the following information:

Supporting documentation must be forwarded including diagnosis and how the condition/impairment affects major life activities; results of tests that were administered and interpreted; name, address and phone number of professional(s) including physician(s) responsible for administering and interpreting tests; date(s) that the tests were administered and interpreted; and recommendations for reasonable accommodation(s).

I request the release of relevant documents pertaining to me and your diagnosis of _____, along with your specific responses to the items required above. The documents are to be sent to:

Disability Services Coordinator
Attention: ____ [Create drop down box] _____
Kansas City University of Medicine and Biosciences
1750 Independence Ave.
Kansas City, Missouri 64106
[Create drop down box for email addresses]

The KCU Disability Services Coordinator may call you to follow up on the information provided. I authorize you, healthcare provider and related parties, and the KCU Disability Services Coordinator to speak about my diagnosis, relevant medical inquiries, and possible reasonable accommodations. Additionally, I surrender the right to review any documentation prior to it being sent to KCU. I hereby agree to pay all fees related to the services provided hereunder and associated charges (copies, mail services, etc.). This authorization is effective for one year from the date below.

Sincerely,

Student Signature

Date

Student Name (Printed)

Student Address