UNIVERSITY OF CENTRAL FLORIDA

Office of Nondiscrimination & Accommodations Compliance

Medical Information Request Form – Healthcare Provider

Medical Release (Completed by the Requestor)

Name: _____
Last *First* *Middle Initial*

Employee ID: _____

UCF Affiliation: _____

☐ Faculty ☐ Staff ☐ Applicant ☐ Other _____

Primary Telephone: _____ Alternate Telephone: _____

Email: _____ Activity/Job Title: _____

Name of Healthcare Provider: _____

Healthcare Provider's Phone: _____

I, _____, hereby authorize the above-named healthcare provider to complete this form and disclose to the University of Central Florida and its authorized representatives the following information related to my healthcare: the diagnosis(es) of relevant conditions, treatment plan(s), my ability to perform my work, recommendations, history, reports and correspondence.

I understand that it may be necessary for the University representatives to share this information for purposes related to accommodation of a disability. I authorize the University 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.

This authorization is valid for the duration of the Office of Nondiscrimination & Accommodations Compliance's accommodation request process. However, I understand that I may revoke this consent, in writing, at any time except to the extent that action has already been taken based on the original authorization. I also understand that the above-named healthcare provider will not condition treatment or payment based on receipt of this signed authorization.

_____ _____

Requestor's Signature Date

DO NOT RETURN THIS FORM TO YOUR DEPARTMENT

** **Please return all completed health care provider portions of this form to:**

Office of Nondiscrimination & Accommodations Compliance
University of Central Florida
12701 Scholarship Drive, Suite 101 (Building 81)
Orlando, Florida 32816-0030
Fax: (407) 882-9009 or Email: onac@ucf.edu