

BALTIMORE CITY PUBLIC SCHOOLS

Catherine E. Pugh
Mayor, City of Baltimore

Cheryl A. Casciani
*Chair, Baltimore City Board of
School Commissioners*

Dr. Sonja Brookins Santelises
Chief Executive Officer

OFFICE OF EEO COMPLIANCE ADA ACCOMMODATION REQUEST FORM A

AUTHORIZATION FOR RELEASE OF EMPLOYEE MEDICAL DOCUMENTATION

Employee's Name: _____ **Employee ID No.:** _____

Position: _____

Employee's Current School/Office: _____

I, the above-named employee, hereby authorize my health care providers to submit to the Office of EEO Compliance accurate and complete information regarding my medical condition(s)/impairment(s) for which I am requesting an accommodation(s) under the Americans with Disabilities Act and its amendments ("ADA"). I understand that my medical documentation will be reviewed for the sole purpose of evaluating my request for an accommodation(s) under the ADA.

Employee Signature: _____ **Date:** _____

Please return this form in with your Reasonable Accommodation Request Form and any supplemental pages to:

**The Office of EEO Compliance
Attn: EEO Manager
200 E. North Avenue, Suite 208
Baltimore, Maryland 21202**

