



Texas A&M University-Corpus Christi
Employee Development and Compliance Services Office
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Corpus Christi, Texas 78412-5788
T 361.825.5826 F 361.825.5513

CONFIDENTIAL

I hereby authorize the healthcare provider(s) identified below to release to the Americans With Disability (ADA) Coordinator, Texas A&M University-Corpus Christi, medical information and/or opinions concerning my disability/illness/impairment and my ability to perform job-related essential functions with or without reasonable accommodation.

I also authorize disclosure and discussion as necessary with the ADA Coordinator, Texas A&M University-Corpus Christi to determine reasonable accommodations.

I understand that Texas A&M University-Corpus Christi may require me to undergo testing or evaluation by medical personnel for the purpose of establishing the existence and extent of my disability, illness, condition or disease and my ability to perform essential functions of my job with or without reasonable accommodation.

I further understand that Texas A&M University-Corpus Christi is not bound to provide any specific accommodation I request but will evaluate my request in light of information available and University needs in making a determination of what is a reasonable accommodation.

Employee name (please print) _____

Department: _____

Signature: _____ Date: _____

Medical provider(s):

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email: _____