

Dr. () Ms. () Mr. () _____, an employee of
Employee's Full Name

Florida International University (FIU), is seeking certification for a reasonable accommodation(s) under the Americans With Disabilities Act (ADA) through the Office of Equal Opportunity Programs (EOP). To ensure that the employee's request is adequately evaluated, we are requiring medical documentation from an appropriate and applicable licensed professional. Attached is a copy of the employee's Release of Information form which grants the office permission to attain and/or release necessary information regarding the employee's physical, mental, and/or emotional status in making a final determination on their accommodations request.

If you have any questions and/or concerns, please contact the office at (305) 348-2785. Thanking you for your anticipated cooperation.

Sincerely,

Bennie Osborne, PhD
Director