

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, grant the Office of Equal  
Applicant's Name

Opportunity Programs (EOP) permission to:

- A. Obtain and/or release information regarding my physical, mental, and/or emotional status to appropriate parties who are pertinent contact(s) in assessing my request for special accommodations, and
- B. Allow the Office of EOP to coordinate and/or advocate services with employee's:

\_\_\_\_\_/\_\_\_\_\_  
Department Name Supervisor's Name

I understand that I have the right to rescind this release at any time by providing a written notice to the EOP Office.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date (Employee)