



**Section D -- Reasonable Accommodation - Medical Authorization**

Please attach information from your attending physician(s) regarding the medical condition described by you in Section B and complete and sign the Authorization to Receive or Release Information form. Additional copies of this form may be requested from the Risk Management and Safety Director, if needed. Your application cannot be processed until the Release of Medical Information form is completed and signed by you.

**Section E -- Confidentiality Disclaimer**

This application, attachments, and all medical information subsequently requested will be considered as confidential medical information and will be retained by the District Human Resources Office, except where released by the applicant for other use.

I certify that all the information contained in this application is true and correct. I understand that if I am granted an accommodation and if it is subsequently determined that the decision was based upon material misrepresentation or falsification, I am subject to disciplinary action by the District Office, my request will be canceled, and/or I will be subject to immediate consideration for transfer or termination.

Signature of Employee

Printed Name of Employee

Date

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