

**AUTHORIZATION FOR DISCLOSURE
AND RELEASE OF MEDICAL INFORMATION
TO JONES COLLEGE**

NOTE TO STUDENT—Please sign, have this form witnessed by one person (may not be a relative), and complete all sections *before* giving it to your medical or other professional provider. This form, with the medical provider’s information added, must be sent to Jones College directly from the professional. It may not be given to the student or otherwise transmitted. We urge you to provide your professional with a stamped envelope, addressed to Jones College, for his/her convenience. Forms received by Jones College from sources other than the professional will not be accepted for ADA Accommodations consideration.

TO: (Medical or Other Professional Provider)

FROM: (Student)

Address: _____

DOB: _____

SSN: (last 4 digits) _____

Dear _____:

I, the undersigned party, am a student at **Jones College**, and I have made a request to Jones College for a reasonable accommodation or accommodations under The Americans With Disabilities Act of 1990 and/or Section 504 of the Rehabilitation Act of 1973 (as amended). In relation thereto, I hereby authorize you to provide and release to the party stated below any and all information in your possession or under your control regarding any of the physical or mental impairments that are indicated below as being related to my request for such accommodations.

In particular, I have informed Jones College that I have limitations with regard to my being able to

and I have requested special accommodations as follows:

Please provide the information on each of the areas that are checked below. In responding to each of these items, please focus on the specific limitations that result from a physical or mental condition, and not the condition or treatment, *per se*. The statement may be made in terms or range of limitation, type of limitation, percentage of limitation as compared to persons without such an impairment, or in any other manner that would be indicative of how the limitation might significantly affect normal life activities. Only discuss the underlying medical condition itself to the extent absolutely necessary to describe the limitation.

For the purposes of this information, the phrase "physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following bodily systems: neurological; musculoskeletal; special sense organs; respiratory (including speech organs); cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. It also includes such contagious and noncontagious diseases and conditions as orthopedic visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; HIV disease (whether symptomatic or asymptomatic), tuberculosis; drug addiction; and alcoholism. It does not include current illegal use of drugs, nor does it include illnesses or injuries that are of a temporary nature.

_____ Mobility. Please describe any limitation(s) that I have, because of any physical or mental impairment(s), with respect to my ability to walk any significant distance, climb stairs, tolerate or maneuver in tight spaces, or otherwise transport myself from one place to another. If I am under any medication for any such impairment, please describe the degree to which the limitation(s) is/are affected if I take the prescribed medication in the prescribed manner:

_____ Strength and Endurance. Please describe any limitation(s) that I have, because of any physical or mental impairment(s), with respect to my ability to walk, stand, or sit for any extended period of time; or my ability to lift or carry objects weighing more than _____ pounds; or my ability to concentrate for any extended period of time. If I am under any medication for any such impairment, please describe the degree to which the limitation(s) is/are affected if I take the prescribed medication in the prescribed manner:

_____Hearing. Please describe any limitation(s) that I have, because of any physical or mental impairment(s), with regard to my ability to hear or comprehend sounds, or with regard to any other auditory difficulty that I may have. If I am using, or have been prescribed, any aid, equipment, or implement to enhance my hearing ability, please describe the degree to which my hearing limitation is affected by using the prescribed item in the prescribed manner.

_____Vision. Please describe any limitation(s) that I have, because of any physical or mental impairment(s), with regard to my ability to see or visually comprehend objects, or with regard to any other visual difficulty that I may have. If I am using, or have been prescribed, any visual aid, equipment, or implement to enhance my vision, please describe the degree to which my vision is affected by using the prescribed item in the prescribed manner.

_____Speech. Please describe any limitation(s) that I have, because of any physical or mental impairment(s), with regard to my ability to speak. If I am using, or have been prescribed, any aid, equipment, or implement to enhance my communication skills, please describe the degree to which my speech or ability to communicate is affected by using the prescribed item in the prescribed manner.

_____Manual Dexterity or Ability. Please describe any limitation(s) that I have, because of any physical or mental impairment(s), with regard to my ability to use my hands or my arms. If I am under any medication for any such impairment, please describe the degree to which the limitation(s) is/are affected if I take the prescribed medication in the prescribed manner:

_____ Learning Disability. Please describe any limitation(s) that arises/arise from a diagnosed learning disability. If I am under any medication for any such learning disability, please describe the degree to which the limitation(s) is/are affected if I take the prescribed medication in the prescribed manner:

_____ Emotional or Mental Illness. Please describe any limitation(s) that I have that arises/arise from an emotional or mental illness, or other psychological disorder. If I am under any medication for any such illness or disorder, please describe the degree to which the limitation(s) is/are affected if I take the prescribed medication in the prescribed manner:

_____ Other Impairment. Please describe any limitation(s) that I have that arises/arise from any other physical or mental impairment of which you are aware that would relate to my request for accommodation. If I am under any medication for such impairment, please describe the degree to which the limitation(s) is/are affected if I take the prescribed medication in the prescribed manner:

RECOMMENDATION(S), IF ANY, AS TO REASONABLE ACCOMMODATION(S)
(A response here is optional.)

The above responses are being provided by:

(Signature) _____

(Print Name) _____

(Title) _____

(Date) _____, 20____

Office Name and Address: _____

Telephone contact number: _____

After you have completed and signed your responses to the above-listed items, please mail this document to:

Mail to: Meredith Brasca, ADA Coordinator
Jones College
5353 Arlington Expressway
Jacksonville, FL 32211
Tel: (904) 743-1122 x 136
Fax: (904) 743-4446

(To expedite an application, a copy may be faxed to our office, but the original must still be mailed.)

The foregoing authorization shall be effective this date and shall continue in force until revoked by me in writing and shall apply to information generated after my execution of this authorization. A photocopy of this authorization shall carry the same authority as the original.

Witness' signature

Student's signature

Witness' printed/typed name

Student's printed/typed name

Date

Date