UNC
EQUAL OPPORTUNITY
AND COMPLIANCE OFFICE

EQUAL OPPORTUNITY AND COMPLIANCE OFFICE
214 W. CAMERON AVE. CAMPUS BOX 9160
CHAPEL HILL, NC 27599-9160
PHONE: 919.966.3576 / **FAX:** 919.445.1580

Health Care Provider – Medical Information Release Form

I, ____, voluntarily give the University of North Carolina at Chapel Hill, Equal Opportunity and Compliance Office permission to contact my physician(s) and/or healthcare provider(s) as listed below to obtain information related to my disability; any related limitations; and recommendations on necessary accommodations.

Name of Physician/Health Care Provider ____

Name of Hospital/Practice ____

Address ____

Telephone # ____

Name of Physician/Health Care Provider ____

Name of Hospital/Practice ____

Address ____

Telephone # ____

I have been given an opportunity to ask questions about this form and to have them answered to my satisfaction. I further understand that relevant information obtained may be shared with the supervisor(s) in my immediate work unit and other University offices that may be involved in assisting in the development of reasonable accommodations to assist me in completing my assigned work related responsibilities.

________________________________	__________________________
Name	Date of Birth
________________________________	__________________________
Signature	Today's Date

Last Revised 8/3/2018

The University of North Carolina at Chapel Hill is an Equal Opportunity Employer that welcomes all, including protected veterans and individuals with disabilities.