Fashion Institute of Technology

Seventh Avenue at 27 Street
New York City 10001-5992
www.fitnyc.edu

FIT-ABLE
Room A570
p. (212) 217-4090
f. (212) 217-4091

Authorization to Release Medical Information for Academic Accommodation

I wish to request academic accommodations at FIT due to a disability and to provide FIT with medical information to support my request. I understand that by signing this authorization form, I am agreeing to allow FIT-ABLE to seek information from my health care provider (e.g., physician, social worker, psychiatrist, etc.) identified below about my disability and the nature of the accommodation that I require.

I understand that by signing this form, I am also authorizing my health care provider listed below to provide medical information to FIT-ABLE about my disability and the nature of the accommodation that I require. As indicated on the Medical Information Form for Academic Accommodation, this may include my diagnosis, functional limitations, relevant medical tests and records, medications that I take, and a recommendation about accommodations for me, as well as other information that my health care provider determines is relevant to my request for an accommodation.

I have identified the following health care provider to disclose medical Information to FIT-ABLE to support my request for a housing accommodation.

Name of Health Care Provider: ____

Address: ____

Phone number: ____

Email address or fax number: ____

I understand that medical information provided about me will be kept private by FIT-ABLE, in accordance with all applicable laws and regulations, and that I can request further information from FIT-ABLE about its privacy policies.

Student Name: ______________________________ Birth Date: _______________

Student Signature:______________________________ Date:_______________

Once you have signed this form, please send this release and the Medical Information Form to your healthcare provider via mail, in-person, email, or fax.

Office of Disability Services, FIT-ABLE
Fashion Institute of Technology, SUNY
Room A570
227 West 27th Street
New York, NY 10001
Fax: 212-217-4091
Phone: 212-217-4090
Email: fitable@fitnyc.edu