



# UNIVERSITY OF UTAH VISITORS & ARUP EMPLOYEES REQUEST FOR DISABILITY ACCOMMODATION FORM



## AMERICANS WITH DISABILITIES ACT/SECTION 504 OF THE REHABILITATION ACT

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Supervisor's Name & Email Address (if ARUP employee): \_\_\_\_\_

Job Title (if ARUP employee): \_\_\_\_\_ Pronouns: \_\_\_\_\_

Preferred Email Address\*: \_\_\_\_\_

\*Your primary email address will be used for all OEO Correspondence. If one is not provided, correspondence will be mailed to your home address.

**Describe the nature of your disability** (e.g., visual impairment, arthritis, etc.): \_\_\_\_\_

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**Describe how your disability limits your ability to perform assigned job duties or your ability to visit the University of Utah campus:**

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**Describe the reasonable accommodation(s) that you are requesting:** Please be specific. For accommodation ideas, visit [www.askjan.org](http://www.askjan.org).

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AMERICANS WITH DISABILITIES ACT and SECTION 504 OF THE REHABILITATION ACT**

**MEDICAL/HEALTHCARE INFORMATION RELEASE FORM**

I, \_\_\_\_\_, \_\_\_\_\_  
(Your Name) (Date of Birth)

hereby authorize \_\_\_\_\_ to  
(Medical Provider or Facility)

furnish and discuss with the University of Utah Office of Equal Opportunity and Affirmative Action (OEO/AA) any information in their possession relevant to the following condition (list condition(s) or diagnosis):

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for the purpose of evaluating my request for accommodation.

A complete photocopy of this authorization shall be accepted as if it were a signed original and is valid from the date of this release until the University completes its evaluation of my request for accommodation of this condition.

I release my medical provider \_\_\_\_\_ from any liability associated with the disclosure of confidential or privileged medical/healthcare information. I understand that the University of Utah OEO/AA cannot properly evaluate my request for accommodation unless I sign this release and that any information disclosed under this release could potentially be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

I understand that I can revoke this release in writing at any time by sending a written revocation of authorization to:

**Section 504/ADA Coordinator Director, Office of Equal Opportunity and Affirmative Action University of Utah 383 University Street, Level 1 OEO Suite Salt Lake City, Utah 84112**

However, I understand that my revocation will not be effective to the extent that action has been taken in release. By signing this release, I represent that I have read the information, understand it, and am in agreement with the authorization I now make.

\_\_\_\_\_  
(Signature) (Date)

Please provide name and contact information for your medical provider or treatment facility. If you would like the OEO/AA to contact more than one provider, please print and complete a Medical Release Form for each provider:

Medical Provider's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

## AMERICANS WITH DISABILITIES ACT AND SECTION 504 OF THE REHABILITATION ACT

### ACCOMMODATION GUIDELINES

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The Americans with Disabilities Act (ADA) of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973 (Section 504) prohibit discrimination against individuals based upon a disability or perceived disability and set forth that reasonable accommodations will be provided to qualified persons with disabilities. **The ADA and Section 504, as well as University Policy prohibit retaliation against individuals for requesting an accommodation or for participating in an ADA/Section 504 complaint process.**

The University of Utah has designated the following individual as the ADA/Section 504 Coordinator to coordinate the University's efforts to comply with the ADA and Section 504:

Director, Office of Equal Opportunity and Affirmative Action  
383 University Street, Level 1 OEO Suite  
Salt Lake City, UT 84112  
801-581-8365 or 801-585-5746 (FAX)  
Email: [OEO@UTAH.EDU](mailto:OEO@UTAH.EDU)

**Definition of Disability:** The ADA states that an individual is disabled if s/he:

- a. has a physical or mental impairment that substantially limits one or more of the individual's major life activities;
- b. has a history or record of such a disability;
- c. is regarded as having a physical or mental impairment that is not transitory (lasting six months or less) and minor.

**Definition of Qualified Individual:** The term "qualified individual with a disability" means:

- a. an individual with a disability;
- b. who can perform the "essential functions" of the employment position;
- c. with or without reasonable accommodation.

The University of Utah is required to provide reasonable accommodation to the known limitation (s) of a person with a disability, as defined by the ADA and Section 504.

**Self-Disclosure:** In order to establish the existence of a disability and request reasonable accommodation under the ADA/Section 504, a visitor must complete and submit a **Visitors Request for Disability Accommodation Form** to the Office of Equal Opportunity and Affirmation Action (OEO/AA) online ([oeo.utah.edu](http://oeo.utah.edu)), in person (Level 1 OEO Suite of the S.J. Quinney College of Law), by fax (801-585-5746) or by email ([oeo@utah.edu](mailto:oeo@utah.edu)).

Individuals seeking a reasonable accommodation under the ADA/Section 504 must follow the procedures listed above.

**For additional information about disability accommodations or issues relating to prohibited discrimination or retaliation, please contact an OEO/AA consultant at 801-581-8365 or visit our website at: [www.oeo.utah.edu](http://www.oeo.utah.edu).**

## AMERICANS WITH DISABILITIES ACT AND SECTION 504 OF THE REHABILITATION ACT

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- 1. Documentation of Disability:** When an individual submits a Request of Disability Accommodation Form, they must provide, at their own expense, documentation of their disability in the form of a written evaluation by an appropriate health care provide. The individual will be required to sign a Medical/Health Care Information Release Form, so that the health care provider can provide the Office of Equal Opportunity and Affirmative Action (OEO/AA) with the appropriate documentation.
- 2.** Upon receipt of the completed form and medical release, the OEO/AA will provide the individual with a written request to their health care provider requesting the appropriate medical documentation of the disability, as well as the signed release form. The OEO/AA will not inquire about the medical condition(s), beyond what is necessary to perform the ADA analysis. It is the individual's responsibility to ensure that the medical documentation/information requested is returned to OEO/AA by the date specified in written request. **NOTE: The evaluation process will be greatly expedited if the individual can provide a doctor's note with the written request for accommodation detailing what the doctor's recommendations are, and the medical basis of those recommendations.**
- 3. Temporary Accommodation:** After consultation with the individual, OEO/AA may provide them with a temporary accommodation pending receipt and evaluation of the documentation of the disability. OEO/AA will notify the individual, in writing, of the temporary accommodation to be provided.
- 4. Evaluation of Documentation:** Upon receipt of documentation from a health care provider, the University will determine if the individual has a disability as defined by the ADA/Section 504. The OEO/AA endeavors to complete accommodation evaluations as expeditiously as possible.
- 5. Second Opinions:** OEO/AA and/or the University's ADA Coordinator may contact the individual's health care provider for clarification of the written evaluation. OEO/AA may also, at the University's expense, seek a second opinion. The individual must make themselves available for such an evaluation.
- 6. Final Determination and Notification to:** The University has the authority to make the final determination regarding what accommodation, if any, is appropriate. When a final determination is made, OEO/AA will send written notification to the individual of its determination, whether an accommodation has been granted, and if so, will specify what accommodation has been granted.
- 7. Right to Appeal:** If an accommodation request is denied, the individual may submit a request for review to the Chief Human Resources Officer. This appeal must be made within five (5) days of the notice of denial and must be in writing.
- 8. Grievances:** Individuals who feel that they have been subjected to illegal discrimination or retaliation for participating in an ADA/Section 504 process, may file an internal discrimination complaint, pursuant to University Policy 1-012, with the ADA/Section 504 Coordinator, and/or with the appropriate external agency.