



UNIVERSITY OF UTAH VISITORS REQUEST FOR DISABILITY ACCOMMODATION FORM

AMERICANS WITH DISABILITIES ACT/SECTION 504 OF THE REHABILITATION ACT

Name: _____

Home Address: _____

City, State, Zip: _____

Home/Cell Phone: _____ Work Phone: _____

Personal 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 your disability (e.g. visual impairment, arthritis, etc.): _____

Describe how your disability impairs your ability to visit the University of Utah campus:

Describe the reasonable accommodation that you are requesting:

Be Specific. For specific accommodation ideas visit www.askjan.org

Signature

Date

**Submit original to:
Office of Equal Opportunity and Affirmative Action
201 President's Circle, 135 Park Building
Salt Lake City, UT 84112
801-581-8365
801-585-5746 (FAX)
OEO@UTAH.EDU**

AMERICANS WITH DISABILITIES ACT and SECTION 504 OF THE REHABILITATION ACT

MEDICAL/HEALTHCARE INFORMATION RELEASE FORM

I, _____, _____
(Patient 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):

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
201 Presidents Circle, 135 Park Building
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

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
201 South Presidents Circle, 135 Park Building
Salt Lake City, UT 84112
801-581-8365 or 801-585-5746 (FAX)
Email: 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. 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) at 135 Park Building, by fax at 801-585-5746 or scan and email to 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.

AMERICANS WITH DISABILITIES ACT AND SECTION 504 OF THE REHABILITATION ACT
VISITOR ACCOMMODATION PROCEDURES

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.