

I, _____, grant the Office of Inclusion, Diversity, Equity, & Access (IDEA) permission to:

- A. Obtain and release information regarding my physical, mental, and/or emotional status to appropriate parties who are pertinent contact(s) in assessing my request for special accommodation, and
- B. Advocate for and/or coordinate services on my behalf with:

Department Name: _____

Supervisor's Name: _____

I understand that I may rescind this release at any time by providing written notice to the Office of Inclusion, Diversity, Equity, & Access (IDEA).

Print Name

Employee's Signature

Date

Please submit completed form to:
Office of Inclusion, Diversity, Equity, & Access (IDEA)
Florida International University
11200 SW 8th Street, PC 321
Miami, Florida 33199
idea@fiu.edu