

**ELIZABETH CITY STATE UNIVERSITY**  
**Release of Information and Acknowledgment Form**

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**Employee Information**

**Name:** \_\_\_\_\_ **Banner:** \_\_\_\_\_  
**Department:** \_\_\_\_\_ **Division:** \_\_\_\_\_

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**Release of Information**

You are hereby authorized to disclose and deliver to Elizabeth City State University any and all information requested in the enclosed Documentation of Disability Form that would adequately respond to questions posed by them regarding my request for an accommodation under the Americans with Disabilities Act (ADA).

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Acknowledgment**

I hereby acknowledge and agree that it may take ECSU more than thirty (30) days to obtain and review clinical information required to render a written decision on my request for an accommodation under the ADA.

\_\_\_\_\_  
Elizabeth City State University Employee/Applicant

NORTH CAROLINA

\_\_\_\_\_ COUNTY

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.