



I, _____, grant the Office of Civil Right Compliance and Accessibility (CRCA) 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.
- 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 Civil Rights Compliance and Accessibility (CRCA).

Print Name

Employee's Signature

Date

Please submit completed form to:
Office of Civil Rights Compliance and Accessibility (CRCA)
Florida International University
11200 SW 8th Street, PC 220
Miami, Florida 33199
ocrca@fiu.edu