



Designation of Advocate and Authorization Form

As required by Connecticut law, ECSU Human Resources may not use or disclose your individually identifiable information without your authorization. Your completion of this form means that you are designating an Advocate pursuant to a request for a reasonable employment accommodation and giving permission to ECSU Human Resources for the use(s) and disclosure described below.

Pursuant to a request for a reasonable employment accommodation, I, _____

do hereby affirmatively grant permission to ECSU Human Resources to speak with and in front of my

designated Advocate, _____ (Name of Advocate) whose

affiliation is: Personal _____; Union Representative _____; Other Professional _____

for the purposes of assisting or otherwise providing support to me throughout the required "Accommodation Interactive Process."

Acknowledgement

I understand that ECSU Human Resources may not use or disclose my medical information except for the expressed purposes identified above.

I further understand that ECSU Human Resources may disclose protected medical information as well as personal employment information such as performance, including discipline, if applicable, that would be otherwise protected from disclosure throughout the "Accommodation Interactive Process."

I hereby acknowledge that I have been informed of my right to receive a copy of this Designation and Authorization.

I acknowledge that I may revoke this Authorization in writing at any time. I understand that if I revoke this Authorization, the information described may no longer be used or disclosed for the purposes described within this Authorization. To revoke this Authorization, a written request must be sent to: **ECSU Human Resources 83 Windham Street, Gelsi Young Hall Room 331 Willimantic Connecticut 06226.**

My signature below indicates that I have read and understand this Authorization and its terms.

Signature

Date