



**EMPLOYEE AUTHORIZATION TO RELEASE/DISCLOSE
INFORMATION TO THE NUTLEY BOARD OF EDUCATION.**

I, _____, authorize the authorized members of Human Resources of Office of the Superintendent of the Nutley Board of Education to speak with and disclose information and records to my doctor concerning the information contained herein, for purposes of seeking clarification of the information that has been provided. I similarly authorize my doctor, named above, to speak with and disclose information and records to the Nutley Board of Education. The release and disclosure of my medical information shall be limited to the medical information related to my request for a leave and/or ADA workplace accommodations.

I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to Human Resources and the Office of the Superintendent of the Nutley Board of Education. I understand that his revocation will not apply to information that has already been released in response to this authorization.

This authorization shall expire on June 30, 2021.

Employee Signature: _____ Date: _____