



NUNEZ COMMUNITY COLLEGE

3710 Paris Road, Chalmette, LA 70043 (504) 278-6418 FAX: (504) 278-6489

Consent Form for ADA Services

**Human Resources Office
Nunez Community College
3710 Paris Road
Chalmette, LA 70043
(504) 278-6418**

Employee's Name: _____ Date: _____

SSN#: _____ Date of Birth: _____

I hereby authorize Nunez Community College's Human Resources Office to communicate with the following:
(Please check)

_____ Nunez Community College Faculty/Staff, On Campus Services
List exclusions: _____

_____ Off Campus Services (Health Care Providers.)
List exclusions: _____

Communication as denoted above may include obtaining and/or releasing employee's historical and/or current information regarding assessment, diagnosis, needs, recommendations, treatment, prior services, performance, and/or other information that may relate to accommodating employee's needs on Nunez Community College's campus.

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

*This consent form will be valid until revoked by the employee.
A photocopy of the original consent form shall be as valid as the original consent form.*