



# 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.*