



AUTHORIZATION TO RELEASE MEDICAL RECORDS

I decline to provide the following release.

[employee name]

[date]

I agree to provide the following release.

To Whom It May Concern:

I, _____ [name], hereby authorize Sonoma State University to receive records or reports of examination done by _____ [doctor] regarding my fitness to work, any potential work restrictions I may have or reasonable accommodations I may need, and other such medical information as may be pertinent to my job performance based on my current medical condition. The records will be sent to Xiaodong Zhu, Manager of Employee Relations and Compliance Services, at Sonoma State University, 1801 E. Cotati Avenue, Rohnert Park, CA 94928.

This authorization is effective _____ [date], and will remain effective through _____ [date], unless otherwise rescinded.

I understand that I will receive a copy of this authorization upon request.

[employee name]

[date]