

CALIFORNIA GAMBLING CONTROL COMMISSION

Address: 2399 Gateway Oaks Drive, Suite 220 • Sacramento, CA 95833-4231
Phone: (916) 263-0700 • FAX: (916) 263-0452



**AUTHORIZATION FOR THE RELEASE OF MEDICAL
INFORMATION PURSUANT TO REQUEST FOR
REASONABLE ACCOMMODATION**

ADM-261

_____ Name of Licensed Physician or Practitioner	_____ Licensed Physician Phone (OPTIONAL)
_____ Name of Office, Clinic, Hospital, etc.	_____ Medical Number
_____ Street Address	_____ Social Security Number
_____ City, State, Zip	_____ Birth Date

TO: Any licensed physician, other licensed practitioner, hospital, clinic or other medically related facility, or United States Veterans Administration that are in the possession of medical records pertaining to:

NAME OF EMPLOYEE:

(Please print)

I have requested that my employer, the California Gambling Control Commission, grant me reasonable accommodation due to my diagnosed physical or mental impairment of:

I authorize you to copy and transmit to the Reasonable Accommodation Coordinator of the California Gambling Control Commission all records concerning the above-referenced impairment and to answer any questions related to this condition. A copy of my request for reasonable accommodation is attached to this release.

The authorization shall be valid for a period of 180 days after the date of my signature or earlier if revoked by me in writing to the Reasonable Accommodation Coordinator.

I hereby acknowledge I have been informed of my right to receive a copy of this authorization upon request. I further acknowledge I have been informed if the medical information covered herein is not released, my request for accommodation may be denied.

Signature

Date