

# Employee Information

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Appointment Type: AFSCME Teamster Civil Service P & A Faculty

Employment Status: FT PT Hours/week: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Disability Resource Center  
Office of Equity and Diversity



# Disability Resource Center Registration Agreement

1. I understand that I am registering for services from Disability Resource Center at the University of Minnesota and that I may be eligible for services such as information, referral, reasonable accommodations and/or other individualized services that may be needed for access to employment, courses, activities, programs, services, or facilities.
  - I understand that the University needs information about health or disability impacts to provide services and to conduct reporting and research functions. These data are classified by condition and do not include personally identifiable information.
  - I understand that as a user of Disability Resource Center, I am responsible for reviewing the rights and responsibilities pertaining to disability access (Students only, see Disability Resource Center Handbook).
  - I understand that Disability Resource Center employs an interactive process to determine eligibility for services and potential accommodations, and foremost in this process is a thorough self-report of personal impact. However, I also understand that services or accommodations are best identified when Disability Resource Center is able to review current impact information described by a service provider who is qualified to describe or diagnose a disability or significant medical condition.
2. I understand that if I request Disability Resource Center to facilitate accommodations on my behalf, they may need to consult with other University personnel and may share information about the impacts of my condition as necessary.
3. I have been given a copy of the Disability Resource Center Handbook, and agree that I am responsible for understanding and following its provisions (Students only).

**Name (print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Disability Resource Center** \_\_\_\_\_ **Date** \_\_\_\_\_

Disability Resource Center  
Office of **Equity and Diversity**



UNIVERSITY OF MINNESOTA  
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## **Rights & Responsibilities of People with Disabilities Regarding Access to the University of Minnesota**

### *Rights to:*

- an equitable opportunity to participate in and benefit from employment, courses, programs, services and activities offered through the University;
- an equitable opportunity to work and to learn, and to receive reasonable accommodations, academic adjustments and/or auxiliary aids and services;
- appropriate confidentiality of all information regarding their disability/health condition and to choose to whom, outside of the University, information about their disability will be disclosed, except as required/permitted by law;
- information reasonably available in accessible formats.

### *Responsibilities to:*

- meet qualifications and maintain essential institutional standards for employment, courses, services and activities;
- self-identify as an individual with a disability/health condition in a timely manner when an accommodation is needed, and seek information, counsel and assistance as necessary;
- provide documentation from an appropriate professional which describes how the health condition or disability impacts participation in employment, courses, programs, services or activities;
- abide by the University of Minnesota Code of Conduct (available at [http://regents.umn.edu/policies/index/academic/Code\\_of\\_Conduct.pdf](http://regents.umn.edu/policies/index/academic/Code_of_Conduct.pdf)) and Student Conduct Code (available at [http://regents.umn.edu/sites/default/files/policies/Student\\_Conduct\\_Code.pdf](http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf)).

## **Rights & Responsibilities of the University of Minnesota Regarding Disability Access**

### *Rights to:*

- evaluate faculty, staff and students, and identify and establish essential functions, abilities, skills and knowledge for their employment, courses, programs, services and activities;
- request and receive, through Disability Resource Center, current documentation that supports requests for reasonable accommodations, academic adjustments and/or auxiliary services;
- deny a request for reasonable accommodations, academic adjustments and/or auxiliary services if the documentation demonstrates that they are not warranted or if the individual fails to provide appropriate documentation;
- select among equally effective reasonable accommodations, adjustments and/or auxiliary services;
- refuse an unreasonable accommodation, adjustment and/or auxiliary services or one that imposes an undue hardship or fundamental alteration on a program or activity of the University.

### *Responsibilities to:*

- provide information in accessible formats to faculty, staff, students and guests with disabilities upon request;
- ensure that employment, courses, programs, services and activities, when viewed in their entirety, are available and usable as broadly as possible;
- provide or arrange reasonable accommodations, academic adjustments and/or auxiliary services for faculty, staff, students and guests with disabilities in employment, courses, programs, services, facilities and activities;
- maintain appropriate confidentiality of records and communication, except as permitted/required by law.

## **Grievance Process**

If you would like to address concerns about DRC services, please follow the process outlined below:

1. In most situations, concerns should first be discussed between the individual and the DRC staff.
2. If concerns persist, they should be brought to the Associate Director in Disability Resource Center.
3. If concerns continue to persist, they should then be brought to the Director of Disability Resource Center.
4. If you believe that you have been discriminated against because of your disability, consult with the University of Minnesota Office of Equal Opportunity and Affirmative Action at 612-624-9547 and <https://diversity.umn.edu/eoaa/>

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# Disability Resource Center

## Confidentiality and Release of Information Policies

Disability Resource Center collects information to assist in determining reasonable accommodations for students and employees of the University of Minnesota and is committed to following legal guidance in maintaining and protecting the confidentiality of this information. The information may include biographical history, health or disability information, assessment data, grades, performance reviews, and case notes. The intent of this document is to inform you of Disability Resource Center's policies with regard to confidentiality and the release of this information. These policies incorporate relevant state and federal regulations, guidelines established by relevant professional associations, and the University Board of Regents' policies on managing personal information.

1. Only Disability Resource Center staff has automatic access to files. Any information gathered to determine the existence of a disability and reasonable accommodations will be considered highly confidential and will be shared with others within the institution on a need-to-know basis only. For example, University faculty and staff do not need access to diagnostic information regarding an individual's health or disability condition. However, they may need to know an individual's functional limitations and what accommodations are necessary/appropriate to meet the individual's disability/health-related needs. All health/disability-related information will be sent to and filed with Disability Resource Center in order to protect confidentiality by limiting access to that information.
2. Information in files will not be released except in accordance with federal and state law, which require release in circumstances in which an individual
  - states they intend to harm themselves or another person(s);
  - reports or describes any physical abuse, neglect, or sexual abuse of children or vulnerable adults within the last three years (this includes the occurrence of abuse or neglect to the individual if they were under age 18 at the time of the abuse);
  - reports the use of an illegal drug for non-medical purpose during pregnancy; or
  - reports or describes sexual exploitation by counseling or health-care professionals.
3. An individual's file may be required to be released in response to a court order or subpoena.
4. An individual may give written authorization for the release of information when they wish to share it with others. Before giving such authorization, the individual should satisfy themselves that the information is necessary to share, that they understand the contents of the information being released, and that providing this information is in their best interest.
5. Disability Resource Center may charge a reasonable fee for costs incurred related to release of information.
6. Disability Resource Center will retain a copy of all information provided. If an individual wishes to have a record expunged, they must make a written request to the Director, who will make a decision whether it is necessary for Disability Resource Center to retain the record.
7. Disability Resource Center may communicate or share health/disability information on a need-to-know basis as necessary to provide reasonable accommodations.

I agree that I have reviewed, understand, and agree to the above information.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**If under 18 years of age,  
Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

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# Release of Information to Disability Resource Center

I authorize (provider's name) \_\_\_\_\_

From: (site and fax #) \_\_\_\_\_

**To release to and/or discuss with Disability Resource Center the following information:**

- Diagnosis of medical, mental health, or learning condition(s) that may be disabling
- How the condition(s) may affect me in an academic or employment setting
- (Optional) Recommendations for academic or employment accommodations

**Send information to:** \_\_\_\_\_

(Name) (Telephone) (Fax)

Disability Resource Center, McNamara Alumni Center, Suite 170/180  
200 Oak St. SE, Minneapolis, MN 55455

**Purpose for which information will be used:**

To assist the University of Minnesota in determining whether I have a disability as defined by the ADA, and what reasonable accommodations may be appropriate.

**My Identification:**

Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Number & Street)

(City) (State) (Zip)

Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

Dates of Services/Treatment (starting) \_\_\_\_\_ (to) \_\_\_\_\_

- I accept responsibility for any use made of the information as a result of this authorization.
- I understand that this authorization has no expiration date and that I may revoke it in a written request (or email) to Disability Resource Center (DRC) at any time. I also understand the revocation will not apply to information released under this release prior to DRC receiving any revocation.
- I understand that my health care provider's treatment is not conditional on signing this authorization.
- I understand that if I do not authorize DRC to obtain the information requested in this release, DRC may be unable to provide the services I am requesting.
- I understand that I am entitled to a copy of this authorization.
- I have been informed and understand that the information released by my provider to DRC in accordance with this authorization may be re-disclosed by DRC and no longer protected by HIPPA. I am also aware that any information disclosed to DRC is subject to other state and federal privacy laws.
- This authorization encompasses all records pertaining to my condition, including third party records created by other individuals or organizations.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If under 18 years of age,**  
**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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# Release of Information from Disability Resource Center to Union Representatives

I authorize Disability Resource Center/UReturn to release and discuss information as specified below with representatives of my Union.

**1. Information to be discussed/released:**

- health/disability related impacts in the employment setting
- reasonable accommodations

**2. Person to release and/or discuss with:**

\_\_\_\_\_  
Name Union

**3. My Identification: (Please print) Date of Birth** \_\_\_\_\_

\_\_\_\_\_  
Name (Last) (First) (Middle)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
U of M ID # Telephone

I understand that without this authorization, Disability Resource Center/UReturn will not be able to provide any information regarding my functional limitations, necessary accommodations or related employment matters to any bargaining unit representative.

I accept responsibility for any use that may be made of the information as a result of this release. **I understand that there is no expiration date for this authorization to release information, and that I may revoke it in writing at any time.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_