

Disability Authorization

Printed Name: _____

Soc. Sec. No.: _____

Fax or mail a completed copy of this authorization to:

**Office of Human Resources
Integrated Disability**
Suite 300, 1590 North High Street
Columbus, OH 43201-2190
(614) 292-3439
1-800-678-6413
Fax: (614) 292-0271

TO: Any physician or health care provider,
Any hospital, mental health facility, medical clinic, or pharmacy,
Any vocational rehabilitation agency,
The Public Employees Retirement System of Ohio (“PERS”),
The State Teachers Retirement System of Ohio (“STRS”),
Hartford Life and Accident Insurance Company (“Hartford Life”),
The Ohio Bureau of Workers’ Compensation,
The Industrial Commission of Ohio.

I hereby authorize you to release to The Ohio State University (“OSU”) any and all records and information described in (1) through (4) below:

- (1) Records and information concerning my physical and mental condition and medical history, including but not limited to diagnoses, prognoses, treatment, recommendations for treatment, opinions of disability, objective findings and test results, and periods of hospitalization;
- (2) Records and information concerning my education, training, and experience;
- (3) Records and information concerning my employment, including but not limited to dates of employment, compensation, my job description and any employee or union benefits which I am receiving or to which I may be entitled, and
- (4) Records and information concerning any benefits which I am receiving or to which I may be entitled, including but not limited to the applications for such benefits.

In addition, I hereby authorize OSU to release to any vocational rehabilitation agency, PERS, STRS, Hartford Life, the Ohio Bureau of Workers’ Compensation, and the Industrial Commission of Ohio any and all records and information described in (1) through (4) above.

I understand and agree that these authorizations shall remain valid as long as one of the following is applicable and in effect:

- [a] I am participating in the Early Intervention Program with Hartford Life;
- [b] I have a disability claim with Hartford Life that is pending or active;
- [c] I have a PERS disability claim that is pending or active;
- [d] I have a STRS disability claim that is pending or active;
- [e] I have a Workers’ Compensation claim that is pending or active; or
- [f] my employment at OSU is in some type of active, leave-of-absence, or disability separation status.

A photocopy of this document shall be as valid as the original.

Signature

Date