



ADA Accommodation Process Documentation Release to Union

I authorize Lake Superior College to (please check the applicable options below):

- Provide copies of documentation related to the ADA accommodation process to my union representative, including but not limited to any reasonable accommodation agreement or denial of reasonable accommodation request.
- Copy my union representative on written communications addressed to me related to the ADA accommodation process, including emails, letters, and other written correspondence.

Name and contact information for union representative:

Name: _____

Email: _____

Phone Number: _____

This release remains in effect until the conclusion of the ADA accommodation process or until rescinded by me through written notice to the College ADA Coordinator.

Employee Name (Printed): _____

Date: _____

Employee Signature: _____

Return signed copy to:

Jestina Vichorek
ADA Coordinator

2101 Trinity Road
Duluth, MN 55811
Phone: (218) 733-7677
Fax: (218) 733-5937
Jestina.vichorek@lsc.edu