

Governors State University
Information Release on Ability to Perform Job Duties Form
Medical Release

I authorize my physician to release medical information to the Benefits Team within Human Resources at Governors State University addressing my ability to perform the duties of the job description as described on the attached document.

I understand that my physician providing this information may help facilitate my return to work by completing the appropriate documents provided by Governors State University.

Printed Employee's Name: _____

Employee's Signature

Date