



ARIZONA DEPARTMENT OF PUBLIC SAFETY

DISABLED PERSON'S NOTICE TO EMPLOYER AND RELEASE

(COMPLETE THIS FORM ONLY IF YOU HAVE A DISABILITY AND ARE CLAIMING PREFERENCE POINTS. COMPLETION OF THIS FORM IS ENTIRELY VOLUNTARY)

To Whom It May Concern:

I wish to identify myself to you as being a qualified disabled person pursuant to A.R. S. 41-1401 and following. I believe that I am able to perform the position requested below, with some reasonable accommodation.

Pursuant to this request, I provide the following information:

Name: _____

Social Security Number: _____

Position Requested: _____

Can you provide medical documentation regarding your disability? YES NO

Name and Address of Physicians Who May Be Contacted:

The nature of my disability is as follows:

Please state the nature of any limitations or restrictions resulting from your disability of which you are aware:

I authorize any person(s) to furnish information or opinions to officers, agents or employees of the DPS during my background investigation. I expressly waive any and all legal privileges regarding physician-patient information, psychotherapist-patient information, or other provider-client information which may be reasonably related to my potential employment with the DPS.

Signature: _____ Date: _____