



**FORM 2: ADA VERIFICATION AND  
AUTHORIZATION TO RELEASE INFORMATION**

**FOR THOSE REQUESTING SPECIAL ACCOMMODATION FOR A DISABILITY ONLY**

I,

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(print your name and ACVIM Candidate ID number)

hereby agree to provide to the American College of Veterinary Internal Medicine (ACVIM) all required documentation in connection with my request for accommodation of my stated disability.

I declare and verify under penalty of perjury that all information provided by me to ACVIM or to others evaluating my disability is true to the best of my knowledge and belief.

I understand and agree that ACVIM has requested this documentation for use in evaluating the existence and nature of my disability and the need for the requested accommodation. I further understand and agree that the ACVIM may provide this documentation to qualified professionals in connection with an independent review of my request for accommodation.

I agree that ACVIM and/or its outside experts may directly contact any of the professionals or other persons who have provided information pertaining to my disability to obtain further information, clarification, or documents.

I authorize those individuals to disclose such information concerning their evaluation.

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Candidate's Signature

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Date