

BJCTA/MAX

Release of Information Form



Return this application to:
 BJCTA
 Attention: ADA Department
 2121 Reverend Abraham Woods Jr. Boulevard
 Suite 500
 Birmingham, Alabama 35202
Email: kelley@bjcta.org
Phone: (205) 521-9048

PART 2									
APPLICANT INFORMATION									
First Name				Last			M.I.	Date	
Address				Apartment/Unit #					
City				State			ZIP		
Phone				E-mail Address					
Applicant's Signature									
PERSONS TO CONTACT FOR INFORMATION									
Professional Title									
First			Last						
Street Address							Apartment/Unit #		
City			State			Zip			
Phone				Fax					
Professional Title									
First			Last						
Street Address							Apartment/Unit #		
City			State			Zip			
Phone				Fax					
Professional Title									
First			Last						
Street Address							Apartment/Unit #		
City			State			Zip			
Phone				Fax					

I authorize my physician, case manager, doctor, professional, mobility trainer, neurologist, etc. (listed below) to discuss my diagnosis, treatment plan, prognosis for the purpose of determining my ability to use regular public transit buses, trolleys, trains, etc., that are accessible to and usable by individuals with disabilities. I understand that an in person interview may be necessary to complete the application process.

In order to fully understand the functional limitations of your disability, MAX or its agents may need to speak to your case manager, doctor, professional, mobility trainer, neurologist, etc. After reading this release, please sign it, and list the names, addresses, phone, and fax numbers of the professionals most familiar with your functional abilities. (Please note: This authorization is good for one year only. If your condition changes after that time a new "release" will have to be submitted.)

