

Authorization to Release Information

In order to facilitate effective accommodations at Lincoln College, I authorize the Office for Disability Services at Lincoln College-Normal to release information about the nature of my disability and specific recommendations to the individual(s) listed below. These individuals may not disclose this information to others without my express written permission.

Individual(s) to whom information may be released	Student's Initials
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_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____

Identify any limits to the type of information which can be shared.

(Student Signature)

(Date)

(ODS Signature)

(Date)