PERMISSION FOR RELEASE OF INFORMATION TO LINCOLN UNIVERSITY

This document authorizes ____________________________________________ to release information regarding the individual named ______________________________________ to the Office of Career Counseling and Disability Services at Lincoln University.

The information that may be shared includes the following documents or information that will assist us in providing appropriate services and accommodations to meet the individual needs of this student.

____Assessments  ____Evaluations
 ____Tests/Exams  ____Physician reports
 ____Historical information  ____Documented educational accommodations

____Other (please describe)

__________________________________________________________________

__________________________________________________________________

Information may be forwarded to:

Office of Career Counseling and Disability Services
ATTN: ADA Coordinator
816 Chestnut Street, 304 Founders Hall
Jefferson City, MO 65102
Phone: (573) 681-5162 or Fax: (573) 681-5165
Email: disabilityservices@lincolnu.edu
URL: http://www.lincolnu.edu/web/disability-services/forms

You may also choose to forward this information electronically by visiting the web URL provided above. All information submitted will be kept confidential and secure to protect the privacy of each individual student.

Signature: ____________________________ Date: __________________
Witness: ____________________________ Date: __________________