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@lincolnlu.edu
URL: http://www.lincolnlu.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: ________