Student Disability Services
Eastern Illinois University
600 Lincoln Avenue
Charleston IL 61920-3099
217-581-6583 (Voice/TTY)
217-581-7208 (Fax)

RELEASE OF INFORMATION AUTHORIZATION FORM

I, the undersigned, understand that no one other than Student Disability Services (SDS) personnel has immediate access to my SDS files, and that any information regarding my disability which is gained from these files shall be considered confidential and will only be shared with others within the institution on a need-to-know basis.

I authorize SDS to share information regarding my disability with Eastern Illinois University (EIU) personnel who have a legitimate need to know in order to provide appropriate accommodations and other services. This may include: Faculty, Departmental Staff, Teaching Assistants, Graduate Assistants, Academic Advisors, Counselors, Academic Deans, Departmental Chairpersons, University Administrators, or others whose response to my request for accommodations or provision of other services may require knowledge regarding my disability.

I understand that this consent will be valid during my tenure as an enrolled student at EIU, but that I may revoke this consent at any time (revocation must be in writing). I understand that no revocation of this consent shall be effective to prevent disclosure of records and communications until it is received by the person otherwise authorized to disclose records and communications.

Therefore, for the purposes noted above and in accordance with the conditions specified, I hereby authorize SDS to release information regarding my disability to authorized personnel at EIU.

In addition to EIU staff, I also give permission for SDS staff to speak to the following people:

_____

_____

Regarding the following, (please check box for all that apply):

☐ Academics	☐ SDS Services	☐ Accommodations	☐ Class Schedule
☐ Housing	☐ Instructors	☐ Medical Concerns	☐ Mental Health

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____

4/12/21