Career Counseling & Disability Services

816 Chestnut St, Room 304 Founders Hall
Jefferson City, MO 65102-0029
Phone: (573) 681-5162
FAX: (573) 681-5165
TDD: (573) 681-5166

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: _____