



816 Chestnut St, Room 304 Founders Hall
Jefferson City, MO 65102-0029
Phone: (573) 681-5162
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**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: _____