**Request to Release Disability Records**

**to Lincoln College**

I will be attending Lincoln College and plan to request academic accommodations related to a disability. To facilitate that process, I authorize the release of information about the nature of my disability and specific recommendations to the Office for Disability Services at Lincoln College.

Student Name: Click here to enter text.

Student ID: Click here to enter text.

Date: Click here to enter a date.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward a copy of my records to

Traditional Program at the campus in Lincoln, Illinois

The information may be

Faxed to (217) 735-4902

Sent as an email attachment to lcods@lincolncollege.edu

Mailed to Disability Services, Harts Sciences Building, 300 Keokuk St., Lincoln, IL 62656

ABE Program and Graduate Program (locations in Normal, Lincoln, Oglesby, Peoria)

The information may be

Faxed to (309) 454-5652

Sent as an email attachment to ncods@lincolncollege.edu

Mailed to Office for Disability Services, Office 106B, 715 W. Raab Rd., Normal, IL 61761