**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