*To authorize the transfer of your ODS records from Lincoln College to another institution, please return the completed form to the Office for Disability Services at Lincoln College.*

Traditional Program (Lincoln Campus)

Lower Level Harts Science

217.735.7553

[ods@lincolncollege.edu](mailto:ods@lincolncollege.edu)

ABE Program (Lincoln, Normal, Oglesby, Peoria)  
Academic Building in Normal, Office 106B

309.268.4321

[ncods@lincolncollege.edu](mailto:ncods@lincolncollege.edu)

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**Authorization to Release**

**Disability Records to Another Institution**

I will be attending name of new institution and plan to request academic accommodations.

To facilitate that process, I authorize the release of information about the nature of my disability and specific recommendations related to accommodations I received while a student at Lincoln College.

Please forward a copy of my ODS records to name of Individual or Office.

The information may be (mark as many as apply)

Faxed to fax number of new institution

Emailed as a scanned attachment to email address of approved recipient

Sent through the US mail to street address city state zip

Student Name: Click here to type in your name.

Student ID: Click here to type in your Lincoln College ID number.

Date: Click here to enter a date.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_