

**DEPARTMENT OF REHABILITATION
INFORMATION RELEASE FORM**

**I give my permission to Eastern Illinois University
to give scholarship information to the
*Department of Rehabilitation.***

Student Signature

Student Social Security Number

Please return this form to:

**Office of Financial Aid
Eastern Illinois University
600 Lincoln Avenue
Charleston, Illinois 61920**

**YOUR FINANCIAL AID WILL NOT DISBURSE UNTIL THIS FORM
IS SIGNED AND RETURNED TO THE OFFICE OF FINANCIAL AID.**

DORS