



Office of Student Disability Services
Eastern Illinois University
600 Lincoln Avenue
Charleston IL 61920-3099
217-581-6583 (Voice/TTY)
217-581-7208 (Fax)

EXCHANGE OF INFORMATION AUTHORIZATION FORM

I understand that in order for OSDS to verify my disability, as well as the functional manifestations of my disability for which academic adjustments, auxiliary aids and/or other accommodative services may be required, OSDS must obtain pertinent student evaluations, psychological reports, medical reports and other appropriate documentation. I give permission for OSDS to communicate with the following outside agencies/entities in order to obtain these reports:

Student Signature: _____

Date: _____

Witness Signature: _____

Date: _____