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Student ID # **Last Name** **First Name**

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 Date

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

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS, 600 LINCOLN AVENUE, CHARLESTON, IL 61920
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