

**DEPARTMENT OF REHABILITATION  
INFORMATION RELEASE FORM**

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

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Student Signature

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Student Social Security Number

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EIU ID#

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**