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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

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

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