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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.**