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Student ID (E Number) 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 FINANCIAL AID AND SCHOLARSHIPS.

Complete and sign this form, then submit it to our office in person (Student Services Building East Wing), via email at **finaidverification@eiu.edu** or by fax at 217-581-6422.

**EMAIL: FINAIDVERIFICATION@EIU.EDU** 

