



Students with Autism Transitional Education Program (STEP)

Eastern Illinois University
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**RELEASE OF INFORMATION AUTHORIZATION FORM
FOR STUDENTS PARTICIPATING IN THE
STUDENTS WITH AUTISM TRANSITIONAL EDUCATION PROGRAM (STEP)**

I, the undersigned, understand that no one other than Office of Student Disability Services (OSDS) and the Autism Center personnel has immediate access to my STEP files, and that any information regarding my disability and academic progress which is gained from these files shall be considered confidential and will only be shared with others within the institution on a need-to-know basis.

I authorize OSDS staff and Autism Center staff to share information regarding my DISABILITY and academic progress with Eastern Illinois University (EIU) personnel who have a legitimate need to know in order to provide appropriate accommodations and other services. This may include: Faculty, Departmental Staff, Teaching Assistants, Graduate Assistants, mentors, Academic Advisors, Counselors, Academic Deans, Departmental Chairpersons, University Administrators, Health Services, or others whose response to my request for accommodations or provision of other services may require this knowledge. I also authorize OSDS staff and Autism Center staff permission to share information with my parents or guardian as well as receive information from them.

I understand that this consent will be valid during my tenure as a participant in the STEP Program.

Therefore, for the purposes noted above and in accordance with the conditions specified, I hereby authorize OSDS and the Autism Center to release and/or receive information regarding my DISABILITY and academic progress to authorized personnel at EIU. In addition, I authorize OSDS and the Autism Center and my parents to share information regarding my disability and academic progress.

Student Signature: _____

Date: _____

Parent/Guardian: _____

Date: _____

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