

CENTER FOR ACCESS-ABILITY RESOURCES  
UNIVERSITY HEALTH SERVICES  
DEKALB, ILLINOIS 600115-2879  
(815) 753-1303 (VOICE OR TTY)

RELEASE OF INFORMATION

I hereby request and authorize you to release to the Center for Access-Ability Resources (CAAR) at Northern Illinois University, the information you have about me which I have checked and initialed below:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Psychoeducational Diagnostic Evaluation

\_\_\_\_\_ Psychological Evaluation

\_\_\_\_\_ Psychiatric Evaluation

\_\_\_\_\_ Speech & Hearing Evaluation/Audiogram

\_\_\_\_\_ Individual Education Plan/Program (IEP)

\_\_\_\_\_ Medical Verification of Disability

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

I absolve Northern Illinois University and it's Board of Regents from any legal liability which may arise from the release of this information

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

SSN: \_\_\_\_\_

Date: \_\_\_\_\_