



RELEASE OF INFORMATION

To: _____

I hereby request and authorize you to release to CAAR at Northern Illinois University, the information you have about me which I have checked and initialed below:

- | | |
|---|---|
| <input type="checkbox"/> Academic Performance Records/Achievement Testing | <input type="checkbox"/> School Transcripts |
| <input type="checkbox"/> Individual Educational Plan/Program (IEP) | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Psychoeducational Diagnostic Evaluation | <input type="checkbox"/> Psychosocial Evaluation |
| <input type="checkbox"/> Medical Reports/Records | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Speech and Hearing Evaluation/Audiogram | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Attention Deficit Disorder Evaluation/Treatment/Recommendations | |
| <input type="checkbox"/> Other _____ | |

Name _____ **SSN** _____

Signature _____ **Date** _____

Parent/Guardian signature _____
(if under 18 years old)

<p>PLEASE SEND INFORMATION TO: _____ (CAAR REPRESENTATIVE) CENTER FOR ACCESS-ABILITY RESOURCES UNIVERSITY HEALTH SERVICE NORTHERN ILLINOIS UNIVERSITY DEKALB, ILLINOIS 60115 (815) 753-1303</p>
--