



NORTHERN ILLINOIS UNIVERSITY

Disability Resource Center

Division of Student Affairs

RELEASE OF INFORMATION – FROM DRC

I hereby request and authorize the Disability Resource Center (DRC) at Northern Illinois University to release the information I have indicated below to:

NAME:

TITLE:

ADDRESS:

- | | |
|--|---|
| <input type="checkbox"/> Psychoeducational Diagnostic Evaluation | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Individual Educational Plan (IEP) | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Speech & Hearing Evaluation/Audiogram | <input type="checkbox"/> Psychosocial Evaluation |
| <input type="checkbox"/> Medical Verification of Disability | <input type="checkbox"/> Other: |

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

NAME:

ZID:

SIGNATURE:

DATE:

Parent/Guardian Signature if under 18 years of age

NIU DISABILITY RESOURCE CENTER	
CAMPUS LIFE BUILDING 180	PH: 815-753-1303
NORTHERN ILLINOIS UNIVERSITY	FAX: 815-753-9570
DE KALB IL 60115	EMAIL: DRC@NIU.EDU