



NORTHERN ILLINOIS UNIVERSITY

## Disability Resource Center

*Division of Student Affairs*

### TRANSFER OF DOCUMENTATION TO DRC

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

**NAME:**

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**TITLE:**

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**ADDRESS:**

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- |   |  |
|---|--|
| <input type="checkbox"/> Academic Performance Records                     | <input type="checkbox"/> School Transcripts      |
| <input type="checkbox"/> Individual Educational Plan (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"/> ADD/ADHD/LD Evaluation/Treatment/Recommendations |  |
| <input type="checkbox"/> Other:   |  |

**NAME:**

**ZID:**

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**SIGNATURE:**

**DATE:**

Parent/Guardian Signature if under 18 years of age

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