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| | Student ID # | | | | | | | | | Last Name | | | | | | | | | First Name | | | | | | | | | | | | | | |

DEPARTMENT OF REHABILITATION INFORMATION RELEASE FORM

I give my permission to Eastern Illinois University to give scholarship information to the Department of Rehabilitation.

| Student Signature | Date |
|-------------------|------|

YOUR FINANCIAL AID WILL NOT DISBURSE UNTIL THIS FORM
IS SIGNED AND RETURNED TO THE
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS.