

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Office of the Dean of Students
300 Turner Student Services Building, MC-306
610 East John Street
Champaign, IL 61820



Authorization to Release Information

Student Name: _____ Student UIN: _____

Address: _____ E-mail address: _____

Cell Phone: _____ Home Phone: _____

Disclose information TO/FROM

Office of the Dean of Students
300 Turner Student Services Building, MC 306
610 East John Street, Champaign, IL 61820
Contact: _____

Disclose TO/FROM

Name of Entity: _____ Contact _____

Address: _____ Phone: _____

Email: _____ Fax: _____

I authorize the above named entities to disclose to one another the specific information indicated below. Check all that apply:

- Academic Information* *Academic Recommendations/Plans* *Disciplinary Information*
 General Recommendations/Plans *Other* _____

The purpose of this disclosure is:

- Request return from Medical Withdrawal* *Follow up Treatment/Program Plan*
 Academic Considerations *Assessment of Functioning*
 Coordination of Services *Other* _____

Specific Authorization to Release/Exchange Information Regarding:

- Substance (Drug/Alcohol) Abuse* *HIV/Aids Related Information*

I understand the content and nature of the material that is to be disclosed. I understand that I have the right to revoke this consent but that my revocation is not effective until delivered in writing to the Office of the Dean of Students. The person who receives the information to which this consent pertains may not re-disclose it to anyone else without my separate written consent unless such a recipient makes a disclosure permitted by law.

This release expires in one year unless another date is specified: _____

Student or Personal Representative Signature/Date

Student Affairs Staff or other Witness Signature/Date