

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

**Disclose TO/FROM**

Contact: \_\_\_\_\_

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