



**University of Illinois  
Fire Service Institute**

11 Gerty Drive  
Champaign IL 61820  
217-333-3800

**ADA Accommodations: Authorization for the Release of Information**

I, \_\_\_\_\_

(Applicant's full name)

Hereby authorize the person listed below to exchange information with the Illinois Fire Service Institute Curriculum and Testing Office staff on my behalf. I understand this information will only be used to collect information to evaluate my request for accommodation and arrange for accommodations that may be approved. I acknowledge that I can rescind this authorization at any time by contacting the Testing Office in writing.

\_\_\_\_\_

(applicant signature)

\_\_\_\_\_

(date)

\_\_\_\_\_

\_\_\_\_\_

(name and address of person authorized to communicate with IFSI on my behalf)