



Illinois Fire Service Institute

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 this release will expire upon completion of the exam administration or 12 months from the date of the exam administration, whichever comes first. I further understand that I can rescind this authorization at any time by contacting the Curriculum and Testing office in writing.

(applicant signature)

(date)

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