



Consent to Communication and Disclosure of School Student Records and Information Including Mental Health and Developmental Disability Information

Student's name: _____ Date of Birth: _____

I hereby grant my consent to Community High School District No. 155 to disclose and communicate regarding any and all of the information set forth below to the below identified recipient:

Recipient: _____

Address: _____

Information to be disclosed to recipient:

1. The complete student record of _____ ("the Student"), including but not limited to any documents created by Community High School District No. 155, pursuant to the *Illinois School Student Records Act*, 105 ILCS 10/1 *et seq.*
2. All documents and communications from a therapist, doctor, or hospital which may be deemed mental health records under the *Illinois Mental Health and Developmental Disabilities Confidentiality Act*, 740 ILCS 110/1 *et seq.*

The purpose for this disclosure is for _____

If I do not grant this consent, these records will not be released but I will not suffer any other consequences. This consent is valid for one calendar year from the date set forth below, and may be revoked at any time in writing.

I also understand that I have the right to inspect and copy the information to be disclosed pursuant to this consent.

Guardian's signature: _____ **Witness:** _____

Date: _____

Student's Signature: _____

Date: _____

Note: If the student is under age 12, only the parent's signature is needed. If the student is between ages 12 and 18, both the parent's and student's signature are needed. If the student is age 18 or over, only the student's (or if the student has been judged to be incapacitated by a court, the guardian's) signature is required.

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