

MINOOKA COMMUNITY CONSOLIDATED SCHOOL DISTRICT #201

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Authorization to Exchange/Redisclose Communications and Records

TO:		RE:	
	Name	•	Student Name
	Organization		Date of Birth
	Address		Address
	City, State, Zip	-	City, State, Zip
	Phone Number	•	Phone Number
	Fax Number	•	School Phone #
AUTHORIZATION TO EXCHANGE COMMUNICATIONS AND RECORDS			
The affixed signature(s) give(s) to Minooka Community Consolidated School District #201 and to the agency to which this form is addressed to exchange restricted/confidential communications and records as listed regarding the above-named individual.			
This information is intended for use in making decisions regarding educational planning as mandated by State and/or Federal law. Upon request, parents may inspect and copy such records, challenge the contents of such records, and limit any such consent to designated records or portions of information within the records. Failure to sign this form will prevent the exchange/redisclosure of communications and records and may result in inappropriate educational planning for your child.			
This "Authorization to Exchange/Redisclose Communications and Records" is valid for one school year.			
Communications and records being exchanged/redisclosed:			
Medical Records Speech/Language Evaluation Social Developmental Study Psychological Evaluation Special Education Record OT/PT Evaluation Audiology Evaluation Neurological Evaluation Psychiatric Evaluation Mental Health Records Hospitalization Records Other:			
Parent or Lega	al Guardian D	ate	
Student Signa	ture (age 12 or older)	ate	
Witness		ate	

Signature indicate awareness of the nature and content of the communications and records being exchanged or disclosed