

York Community High School
STUDENT RECORDS
355 W. St. Charles Rd.
ELMHURST, IL 60126

AUTHORIZATION FOR EXCHANGE OF SCHOOL STUDENT RECORDS

I, _____, • parent • legal guardian • surrogate parent • primary caretaker,
authorize _____ to exchange records checked
below, regarding, _____, _____ / _____ / _____,
SCHOOL STUDENT BIRTHDATE
to: York Community High School, Melissa Moore, Assistant Principal, (630) 617-2429 (630) 617-2399
NAME & TITLE PHONE FAX
355 W St. Charles Rd., Elmhurst, IL 60126
AGENCY, STREET ADDRESS, CITY, STATE, ZIP CODE
for the purpose of _____,

This consent is valid until ____ / ____ / ____, unless otherwise revoked by me in writing.

RECORDS TO BE EXCHANGED

The records exchanged shall cover the dates of ____ / ____ / ____ to ____ / ____ / ____.(Optional)

PERMANENT RECORDS

- Student's Name, Address, DOB, Birthplace, Gender • Parent's Name(s), Address(es)
- Attendance Records • Accident Reports • Health Records (excluding mental health)
- Academic Transcript • Honors/Awards received • (Participation in Extracurricular Activities)

TEMPORARY RECORDS

- Class Schedule • Test Scores: intelligence, aptitude, achievement levels
- Disciplinary Information • Family Background Information
- Special Education Records: • IEP • Psychological Evaluations • Social Work Assessment
- Educational Evaluation & Reports • Medical/Nursing Records
- Speech, Physical or Occupational Therapy Evaluations/Reports
- Specialized Evaluations: psychiatric, audiological, vocational assessment
- Reports/Evaluations Received From

INSTITUTION/AGENCY/INDEPENDENT PRACTITIONER

- Other _____

NOTE: Release of MENTAL HEALTH records requires completion of a consent form in compliance with the Mental Health and Developmental Disabilities Act, 740 ILCS 110.

I understand that I have the right to INSPECT, COPY, and CHALLENGE the content of the school student records for which I am authorizing exchange. I also have the right to designate the school student records to be exchanged or to identify specific portions of a school record to be exchanged by this consent. Any such limitations have been noted above.

AUTHORIZED SIGNATURE

DATE

NOTICE TO AGENT/PERSON RECEIVING RECORDS Under the provision of the *Illinois School Student Records Act*, 105 ILCS 10/6(d) and the *Federal Education Rights and Privacy Act*, you may not redisclose any of the information received without first obtaining specific, written, consent conforming with these Acts. Unauthorized rerelease of this information could result in your inability to receive future educational records for a period of five years.

Revised 1/4/12