



Elmhurst Community Unit School District 205
 162 South York Street
 Elmhurst, Illinois 60126
 (630) 834-4530

CONSENT FOR RELEASE OF STUDENT RECORDS

Student Name: _____ Birthdate: _____
Last First Middle

D205 School Attended: _____ Grade: _____

I authorize School District 205 to **release** information concerning the above names student to:

I authorize School District 205 to **obtain** information concerning the above names student from:

School Name/Agency: _____

Street Address _____

Telephone _____

Fax _____

City, State, Zip _____

TO Parent(s)/Guardian: Please INITIAL each item of information listed below you wish to have released.

Permanent Records such as: student's identifying information; parent's name and address; academic transcripts/test scores; attendance records; immunization, vision, hearing, and dental records; honors and awards received; IBSE Transfer Form (ISBE 33-78) or Letter in Good Standing.

Temporary Records such as: disciplinary information, class schedule, test scores, family background information, teacher anecdotal information.

* Special Education Records including all Case Study Components, I.E.P.'s, and DC Eligibility Reports.

* Speech/Language, Physical or Occupational therapy reports/Evaluations

* Social Work Reports/Assessment

* Psychological Evaluations

* Health History

* Verified reports from non-school persons or agencies which were part of special education decisions

Other (Specify) _____

I understand that as a parent/guardian, upon written request, I have the right to inspect, copy, and challenge the contents of the school student records prior to release, for which I am authorizing release (105 ILCS 10/6. 10-8 Illinois School Student Records Act). I also have the right to designate the school student records to be release or to identify specific portions of a school record to be release by consent. Any such limitations have been noted above.

Parent/Guardian Signature _____

Print Parent Name _____

Date _____

New Home Address _____

City _____

State _____

Zip _____

Phone Number _____

NOTICE TO AGENT/PERSON RECEIVING RECORDS: Under the law, you are prohibited from allowing any other person access to any information from the student's record unless you obtain prior, written consent of the student's parent/guardian.

Mail Student Records to (circle one below):

(All addresses are located in Elmhurst, Illinois 60126)

Edison Elementary School-246 Fair Ave., (630)834-4272

Madison Early Childhood Center-130 W. Madison St., (630)617-2385

Emerson Elementary School-400 N. West Ave., (630)834-5562

Field Elementary School-295 Emroy Ave., (630)834-5313

Bryan Middle School-111 W. Butterfield Rd., (630)617-2350

Fischer Elementary School-888 N. Wilson St., (630)832-8601

Churchville Middle School-155 Victory Pkwy., (630)832-8682

Hawthorne Elementary School-145 Arthur St., (630)834-4541

Sandburg Middle School-345 E. St. Charles Rd., (630)834-4534

Jackson Elementary School-925 Swain Ave., (630)834-4544

York High School, 355 W. St. Charles Rd., (630)617-2400

Jefferson Elementary School-360 E. Crescent Ave., (630)834-6261

Lincoln Elementary School-565 Fairfield Ave., (630)834-4548

*All Special education records for Elmhurst School District 205 should be addressed to:

Elmhurst School District 205, Attention Special Education, 162 South York Street, Elmhurst, Illinois 60126