



AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS/INFORMATION

I, _____ parent/student 18 yr. or older legal guardian surrogate parent
 primary caretaker, authorize _____ School to release the records checked below to, and/or
 communicate with:

Name & Title and/or Agency: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 regarding, _____ (Student) Birthdate _____
 for the purpose of _____
 This consent is valid until _____ (date), unless otherwise revoked by me in writing.

RECORDS TO BE RELEASED

The records released shall cover the dates of _____ to _____.

PERMANENT RECORDS

- Student's Name, Address, DOB, Birthplace, Gender Parent's Name(s), Address(es)
- Academic Transcript (grades, grade level, class rank, graduation date, ACT/SAT scores, student ID #)
- State assessment scores (HS only) Attendance Records Health Records (excluding mental health)

TEMPORARY RECORDS

- Class Schedule Academic progress (grades, test scores, progress notices)
- Behavioral progress/notices Family Background Information, including Home Language Survey
- Special Education Records: IEP Psychological Evaluations Social Work Assessment
- Educational Evaluation & Reports Medical/Nursing Records
- Speech, Physical or Occupational Therapy Evaluations/Reports
- Specialized Evaluations: Audiological, Visual, Vocational Assessment
- 504 Plan & supporting records Honors/Awards received Participation in Extracurricular Activities
- Reports/Evaluations Received From: _____
INSTITUTION/AGENCY/INDEPENDENT PRACTITIONER
- Other _____

NOTE: Release of records regarding MENTAL HEALTH or DEVELOPMENTAL DISABILITIES requires completion of a consent form compliant with the Mental Health and Developmental Disabilities Confidentiality 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 release. I also have the right to designate the records to be released or to identify specific portions of a school record to be released by this consent. Any limitations are 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 shall result in your inability to receive future educational records for at least five years.