Hinsdale Township High School, District 86
Transition Services
5500 S Grant Street
Hinsdale, IL 60521

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize and request, Hinsdale Township High School, District 86, to **give** all pertinent and confidential information including but not limited to: Individualized Education Plan (IEP), Re-evaluation and assessment information and documentation, high school transcripts, relevant medical documents, copy of photo identification, etc. pertaining to:

_____ _____
(Student) *(Birth Date)*

to *Illinois Department of Rehabilitation Services, 2901 Finley Rd, Downers Grove, IL 60515*

I understand that I have no obligation whatsoever to disclose the requested information and that I may revoke this consent at any time by informing, in writing, any of the above noted individuals. I further understand that this authorization is valid only for a period of one school year.

In consideration of this consent, I hereby release the above parties from any legal liability resulting from the release of this information.

Signature _____ Date _____
(Student)

Signature _____ Date _____
(Parent, Guardian, or Legal Representative)