

**COMMUNITY HIGH SCHOOL DISTRICT 94  
326 JOLIET STREET  
WEST CHICAGO, ILLINOIS 60185  
630/876-6200  
FAX 630/876-6241**

**AUTHORIZATION TO EXCHANGE/REDISCLOSE  
COMMUNICATIONS AND RECORDS**

TO: _____ _____ _____ _____	RE: _____ NAME _____ DATE OF BIRTH _____ ADDRESS _____ ADDRESS _____
--------------------------------------	--

The affixed signature(s) gives permission to \_\_\_\_\_ and to the agency or person to whom this form is addressed, to exchange restricted/confidential communications and records as listed regarding the above named individual.

These communications and records are intended for use in making decisions regarding educational/treatment/planning as mandated by State and/or Federal law and are accessible to parents upon request.

The person(s) authorizing the exchange/redisclosure of communications and records has the right to revoke this consent by written statement at any time (information released prior to revocation is not affected) and to inspect and copy the records.

This "Authorization to Exchange/Redisclose Communications and Records" is valid for one year (until or through \_\_\_\_\_).

Failure to sign this form will prevent the exchange/redisclosure of communications and records and may result in inappropriate education/treatment \_\_\_\_\_/planning.

Communications and records being exchanged/redisclosed: (If mental health records are being sent, please identify them according to agency, type of information and date of reports).

Special education records (most recent MDC/IEP – psychological evaluation, social development study, medical/health records), transcript, other academic progress.

_____ DATE	_____ PARENT OR LEGAL GUARDIAN
_____ DATE	*Individual (if 18 or older or 12 through 17 if mental health records are being sent).
_____ DATE	_____ WITNESS

\*NOTE: If individual, who is 12 through 17 years of age, refuses to authorize the release of mental health records, the student's refusal can be overruled by certificated school/mental health personnel upon showing to \_\_\_\_\_ that the release is believed to be in the best interest of the individual.

\_\_\_\_\_  
School Admin./Mental Health Therapist