



**Community Consolidated
School District 62**
Michael Amadei, Ed.D., *Superintendent of Schools*
777 East Algonquin Road
Des Plaines, IL 60016-6251
T 847-824-1136 ✦ F 847-824-0612
d62.org

**CONSENT TO DISCLOSE AND FREELY COMMUNICATE REGARDING SCHOOL
STUDENT RECORD INFORMATION, INCLUDING MENTAL HEALTH AND
DEVELOPMENTAL DISABILITY INFORMATION**

Student Name: _____ **Student Date of Birth:** _____

I, _____, (“Parent/Guardian”) the parent/guardian of _____, (“Student”) hereby grant my consent to Des Plaines Community Consolidated School District No. 62 (“District”) and its agents, employees, and representatives to release any and all school student record information and mental health and developmental disability information and to freely communicate regarding the same with the individual or agency identified below.

Individual or Agency To Whom Records/Information May Be Disclosed:

Name:

Agency:

Address:

Information That May Be Disclosed:

1. *School Student Records:* Any and all school student record information regarding the Student, including but not limited to any documents created by the District pursuant to the *Illinois School Student Records Act*, 105 ILCS 105/1 *et seq.*

2. *Mental Health and Developmental Disability Information:* All documents, communications, and information from a therapist, doctor, or hospital which may be deemed mental health or developmental disability records under the *Illinois Mental Health and Developmental Disabilities Confidentiality Act*, 740 ILCS 110/1 *et seq.*

Purpose of Disclosure, Consequences, and Right to Inspect, Copy, and Challenge:

The purpose of this disclosure is for:

The information released cannot be redisclosed or utilized for any purpose other than as specified here.

If I do not grant this consent, these records will not be released and free communication will not occur between the District and the individual or agency identified above, but the Student and the Parent/Guardian will not suffer any other consequences.

This consent is valid for one calendar year from the date set forth below and may be revoked at any time in writing prior to one calendar year.



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The Parent/Guardian and/or eligible Student have the right to inspect, copy, and challenge the information to be disclosed pursuant to this consent. The Parent/Guardian and/or eligible Student also have the right to designate the school student records or specific portions of the school student record to be released pursuant to this consent.

Consent

Parent/Guardian Name: _____ **Witness Name:** _____

Parent/Guardian Signature: _____ **Witness Signature:** _____

Date: _____ **Date:** _____

Student Name: _____ **Witness Name:** _____

Student Signature: _____ **Witness Signature:** _____

Date: _____ **Date:** _____

Note: If the student is under age 12, only the parent/guardian's signature is needed. If the student is between ages 12 and 18, the parent's and the student's signatures are needed.