

**DEERFIELD PUBLIC SCHOOL DISTRICT 109**

517 Deerfield Road • Deerfield, Illinois 60015-4498

Phone: (847) 945-1844 • Fax: (847) 945-1853

**Permission to Release or Exchange Information  
Regarding a District 109 Student**

Date: \_\_\_\_\_

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

District 109 seeks your permission to collaborate with your private provider or outside agency regarding your child. The purpose of this communication is to be able to assist and program for your child appropriately. In this collaboration we will be sharing information or seek to learn information that relates to:

Social Emotional Functioning

Behavioral Topics

Personal/Familial information

Academic Performance

Academic History

Medical History/Update

Current Educational Needs

Evaluation Results

Other:

The educational relevance is:

\_\_\_\_\_  
\_\_\_\_\_

I give my permission for District 109 personnel to contact the following individuals regarding my child. This consent is valid until:

Name/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature (Age 12 & over)

\_\_\_\_\_  
Date