



Community Consolidated School District 15

580 North First Bank Drive
Palatine, Illinois 60067
847-963-3000

Please email records to recordsrequest@ccsd15.net

Consent for Release of Information

Student Name: _____ Birth date: _____ ID#: _____

Home Address: _____ City: _____ Zip: _____

Attendance School: _____ Grade Placement: _____

Last School of Attendance: _____ District: _____

I hereby authorize Community Consolidated School District 15 to **obtain** information concerning the above named student.

I hereby authorize Community Consolidated School District 15 to **release** information concerning the above named student.

I hereby authorize Community Consolidated School District 15 to exchange information between school and designee.

Completed by school.

To: _____

From: _____

For the purpose of: _____

Check those applicable: Telephone contact Written correspondence Personal contact

The following information may be released: (check all that apply)

Academic Records 504 Plan Records Discipline Records

Special Education Records Attendance Records Health Records

Other: _____

I understand that this authorization expires one year from the date consent is granted.

I understand that I may revoke consent at any time and that the revocation must be dated and in writing.

I understand I have the right to inspect, copy, and challenge the information contained in the records received.

I certify that I am the parent or legal guardian of the above named student and have the authority to sign this release.

Parent/Guardian Signature

Date

Relationship to Student

Student Signature (if 12 years or older)

Date