COMMUNITY CONSOLIDATED
SCHOOL DISTRICT 15

580 N 1st Bank Drive • Palatine IL 60067 | 847.963.3000 | www.ccsd15.net
Lisa Nuss, Assistant Superintendent • Human Resources

RELEASE OF MEDICAL RECORDS AND INFORMATION

By signing below, I authorize my employer, Community Consolidated School District No. 15, to contact my physician, _____ (physician's name) to obtain information regarding my medical condition and its impact on my ability to perform my job responsibilities. I further authorize _____(physician's name) to provide verbal and written information, including medical records, to Community Consolidated School District No. 15 regarding my medical condition. I understand that this release constitutes a waiver of my rights to confidentiality to the extent stated above, pursuant to the *Medical Patient Rights Act*, 410 ILCS 50/3(d).

_____
Employee Name (please print)

_____
Employee Signature

_____
Date