



Student Information Forms

Authorization for Release/Exchange of Information

I, _____, hereby authorize the exchange of communications and the release/exchange
(name of parent or guardian)
of the following records concerning _____ between Southwest Cooperative
(name of student and date of birth)
employees and Division of Rehabilitation Services (DRS)
(name of person/agency)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Complete Eligibility Determination Reports | <input checked="" type="checkbox"/> Psychological Reports |
| <input checked="" type="checkbox"/> Health Records (incl. Immunizations) | <input checked="" type="checkbox"/> Report Cards / Progress Reports |
| <input checked="" type="checkbox"/> IEPs | <input checked="" type="checkbox"/> Social Worker Reports |
| <input checked="" type="checkbox"/> Medical Records | <input checked="" type="checkbox"/> Therapy Reports |
| <input checked="" type="checkbox"/> Multidisciplinary Staff Reports | <input checked="" type="checkbox"/> Other: <u>unofficial transcript</u> |

These disclosures are authorized pursuant to 20 U.S.C. Section 1232g, 105 ILCS 10/1 et seq., and 740 ILCS 110/1 et seq.* and are to be made for the purpose of educational planning for above named student. I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in these records. I also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for the above named student.

This consent expires one year from the date indicated below. However, I understand that I have the right to revoke this consent in writing at any time.

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE
(for mental health/developmental disability records, if student is age 12 or older)

DATE

WITNESS SIGNATURE
(for mental health/developmental disability records)

DATE

*Note: Prior to the release of protected health information, health care providers may require the parent/guardian to execute an additional authorization form to comply with the Health Insurance Portability and Accountability Act (HIPAA).