



# Authorization for Release of School Student Records and Mental Health Information

Revised: May 2023

Parents/legal guardians can utilize this form to authorize Glenbrook High School District 225 and its personnel to release information as identified below, and for the designated recipients to exchange information accordingly.

## Part 1: Student Information

Name (First, Middle, Last)	Date of Birth	Student ID Number	Home School
			<input type="checkbox"/> GBN <input type="checkbox"/> GBS

## Part 2: Parent/Legal Guardian Authorization

Glenbrook High School District 225 and its personnel are authorized to release the records of the student indicated in Part 1 of this form, and to communicate freely with the provider identified below:

Provider Name: \_\_\_\_\_

Provider Agency: \_\_\_\_\_

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

Provider Email Address: \_\_\_\_\_

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

This consent is valid for a period of one calendar year from the date of my signature below, unless otherwise revoked by me in writing. The purpose of this release/exchange of information is:

Educational Planning     Coordination of Care     Linkage for Transition     Other: \_\_\_\_\_

## Part 3: Records to be Exchanged

The following information will be released:

- All permanent records, including, but not limited to: academic transcripts, state test scores, attendance records, and health records.
- All temporary records, including, but not limited to: disciplinary information, health-related information, and class schedules.
- All special education records, including, but not limited to: evaluation reports, individualized educational plans (IEPs).
- Other: \_\_\_\_\_

## Part 4: Certification

I understand that I have the right to INSPECT, COPY, and CHALLENGE the content of the school student records for which I am authorizing exchange. I also have the right to designate the school student records to be exchanged or to identify specific portions of a school record to be exchanged by this consent. Any such limitations have been noted above. I also understand that if I do not sign this consent, records will not be released to the recipient (except as required by law), but I will not suffer any adverse consequences.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship:     Parent     Legal Guardian     Surrogate Parent     Student (Over 18)

In order to release mental health records, a student over 12 must sign this release.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to the *Illinois Mental Health and Developmental Disabilities Confidentiality Act*, 740 ILCS 110/5, a consent form to release mental health records shall be signed by the person or persons entitled to given consent to release the records and the signature or signatures shall be witnessed by a person who can attest to the identity of the person or persons so entitled.

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE TO AGENT/PERSON RECEIVING RECORDS.** Under the provisions of the *Illinois School Records Act* (105 ILCS 10/6(d)) and the *Federal Educational Rights and Privacy Act*, you may not redisclose any of the information received without first obtaining specific, written, consent conforming with these Acts. Unauthorized re-release of information could result in your inability to receive future educational records.