MOLINE-COAL VALLEY SCHOOL DISTRICT
1900 52ND AVENUE, MOLINE, IL 61265

District Request for Disclosure of Student Records and Information

Student's Name: _____ Date of Birth: _____

I hereby grant my consent for the following facility or organization identified below to disclose the following information to Moline-Coal Valley Unity School District No. 40.

Facility/Organization Name: _____

Street Address: _____

City, State, ZIP: _____

Phone: _____

Fax: _____

Information to be disclosed (check all that apply):

- ☐ School student records
- ☐ Health records
- ☐ Discipline records
- ☐ Attendance records
- ☐ Emails concerning the student dates from _____ to _____
- ☐ Mental Health records*
- ☐ Testing and Evaluation Data & Results (academic and/or behavioral)
- ☐ Special Education and/or developmental disability records
- ☐ Other _____

I understand that I have the right to inspect and copy the written information to be disclosed pursuant to this consent. If I do not grant this consent, these records will not be released to the recipient, but I will not suffer any other consequences. This is valid for one calendar year from the date set forth below and may be revoked at any time in writing.

Parent Printed Name: _____

Parent Signature: _____ Date: _____

*Student (ages 12+) Printed Name: _____

Student Signature: _____ Date: _____

***Note:** For release of mental health records under the *Illinois Mental Health and Developmental Disabilities Confidentiality Act*, if the student is under age 12, only the parent's signature is needed. If the student is between ages 12 and 18, both the parent's and student's signature is needed. If the student is age 18 or over, only the student's (or if the student has been judged to be incapacitated by a court, the guardian's) signature is required.