



Williamson County Education Services

411 S. Court Street
Marion, IL 62959
Phone: 618-993-2138
Web: www.wces.co

CONSENT FOR RELEASE OF INFORMATION

Student Name: _____ Date of Birth: _____

Address: _____

Parent/ Guardian Name: _____

I authorize the Williamson County Special Education District to release/obtain the following oral and written information to/from: _____

<u>Release</u>	<u>Obtain</u>		<u>Release</u>	<u>Obtain</u>	
1. []	[]	_____	5. []	[]	_____
		Psych.Reports			Social Service Info.
2. []	[]	_____	6. []	[]	_____
		Medical Reports			School Reports (IEP,MDC)
3. []	[]	_____	7. []	[]	_____
		Speech/Language/Aud.			Vocational Records
4. []	[]	_____	8. []	[]	_____
		PT/OT Reports			Other
			9. []	[]	_____
					Exceptions (Do not send)

This information is needed for the following purpose (s): _____

Send information to:

Williamson Co. Special Education Dist.
ANGELA DAVIS, Records Custodian
411 South Court Street
Marion, IL 62959

Ms. Angela Davis, Records Custodian
angela.davis@wces.co

I understand that the consent granted by this written waiver is voluntary, and that I may withdraw this waiver at any time. I also understand that I have the right to inspect, copy and challenge such records in accordance with the Illinois School Student Records Act, 105 ILCS 10/1 et seq., and the Family Education Rights and Privacy Act, 20 U.S.C. §1283(g), and to limit any consent granted by this waiver to designated records.

Parent/Guardian/Adult Student (Age 1	Relationship to Student	Date
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Release is valid until: _____