



School District U-46  
 District Records Office  
 1019 E. Chicago Street Elgin, IL 60120  
 Phone: 847-888-5000 x5033  
 Fax: 847-608-2759  
 Email: DistrictRecords@u-46.org

## CONSENT FOR RELEASE OF STUDENT RECORDS

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First Middle

U-46 School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

- I authorize School District U-46 to **release** information concerning the above-named student to: \_\_\_\_\_
- I authorize School District U-46 to **obtain** information concerning the above named student from: \_\_\_\_\_

NAME/AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

TELEPHONE: \_\_\_\_\_ FAX/Email: \_\_\_\_\_

**TO Parent(s)/Guardian: Please INITIAL each item of information listed below you wish to have released.**

- \_\_\_\_\_ Permanent Records such as: student's identifying information, parent's name and address, academic transcripts/test scores, attendance records, accident and health records, honors and rewards received, participation in school-sponsored activities
- \_\_\_\_\_ Temporary Records such as: disciplinary information, class schedule, test scores, family background information, teacher anecdotal information, verified reports from non-school persons or agencies
- \_\_\_\_\_ \* Special Education Records including all Case Study Components, I.E.P.'s, and MDC Reports
- \_\_\_\_\_ \* Speech/Language, Physical or Occupational Therapy Reports/Evaluations
- \_\_\_\_\_ \* Social work reports/assessment
- \_\_\_\_\_ \* Psychological Evaluations
- \_\_\_\_\_ \* Special education files including reports of multidisciplinary staffing
- \_\_\_\_\_ \* Health History
- \_\_\_\_\_ \* Verified reports from non-school persons or agencies which were part of special education decisions
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

**I understand that as a parent/guardian, upon written request, I have the right to inspect, copy, and challenge the contents of the school student records prior to release, for which I am authorizing release (105 ILCS 10/6, 10-8 Illinois School Student Records Act). I also have the right to designate the school student records to be released or to identify specific portions of a school record to be released by this consent. Any such limitations have been noted above.**

Parent/Guardian Signature \_\_\_\_\_ Print Parent Name \_\_\_\_\_ Date \_\_\_\_\_

New Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**NOTICE TO AGENT/PERSON RECEIVING RECORDS:** Under the law, you are prohibited from allowing any other person access to any information from the student's record unless you obtain prior, written consent of the student's parent.

\*All Special Education records for School District U-46 should be addressed to: **Director of Special Education, U-46 Educational Services Center, 355 E. Chicago Street, Elgin, IL 60120.**