Central Community School District #301
275 South St., P.O. Box 396, Burlington, IL 60109
Phone: 847-464-6005 Fax: 847-464-6021

AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS

I, _____, □ parent □ legal guardian □ surrogate parent □ primary caretaker,

authorize _____ to release records checked
PREVIOUS DISTRICT & SCHOOL NAME AND ADDRESS

below, regarding, _____, _____/____/____,
STUDENT BIRTHDATE

to: _____, (_____) _____
NAME & TITLE PHONE

_____
AGENCY, STREET ADDRESS, CITY, STATE, ZIP CODE

for the purpose of _____.

This consent is valid until _____/____/____, unless otherwise revoked by me in writing.

RECORDS TO BE RELEASED

The records released shall cover the dates of ___/___/___ to ___/___/___. (Optional)

PERMANENT RECORDS

□ Student's Name, Address, DOB, Birthplace, Gender, Birth Certificate □ Parent's Name(s), Address(es)

□ Attendance Records □ Accident Reports □ Health Records (excluding mental health)

□ Academic Transcript □ Honors/Awards received □ Participation in Extracurricular Activities)

TEMPORARY RECORDS

□ Class Schedule □ Test Scores: intelligence, aptitude, achievement levels

□ Disciplinary Information □ Family Background Information

□ Special Education Records: □ IEP □ Psychological Evaluations □ Social Work Assessment

□ Educational Evaluation & Reports □ Medical/Nursing Records

□ Speech, Physical or Occupational Therapy Evaluations/Reports

□ Specialized Evaluations: psychiatric, audiological, vocational assessment

□ Reports/Evaluations Received From

_____
INSTITUTION/AGENCY/INDEPENDENT PRACTITIONER

□ Other _____.

NOTE: Release of MENTAL HEALTH records requires completion of a consent form in compliance with the Mental Health and Developmental Disabilities Act, 740 ILCS 110.

I understand that I have the right to INSPECT, COPY, and CHALLENGE the content of the school student records for which I am authorizing release. 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.

_____ _____
AUTHORIZED SIGNATURE DATE

NOTICE TO AGENT/PERSON RECEIVING RECORDS Under the provision of the *Illinois School Student Records Act,* 105 ILCS 10/6/(d) and the *Federal Education Rights and Privacy Act*, you may not redisclose any of the information received without first obtaining specific, written, consent conforming with these Acts. Unauthorized rerelease of this information could result in your inability to receive future educational records for a period of five years. ED 2003