AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

I,_____,
▢Parent ▢Legal Guardian ▢Surrogate parent ▢Student (over 18)

Authorize _____
Previous School Name and City/State

to release records regarding,_____,_____/_____/_____,
Students Full Name Birthdate

To:_____,_____
Incoming School Name Phone

_____,_____
Incoming School Address, City, State, Zip Code Fax Number

For the purpose of _____

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

RECORDS TO BE EXCHANGED

The records exchanged shall cover the dates of _____/_____/_____ to _____/_____/_____ (Optional)

PERMANENT RECORDS

- ▢ Student's Name, Address, DOB, Birthplace, Gender
- ▢ Parent's Name(s), Address(es)
- ▢ Attendance Records
- ▢ Accident Reports
- ▢ Health Records (excluding mental health)
- ▢ Academic Transcripts
- ▢ Honors/Awards Received
- ▢ (Participation in Extracurricular Activities)

TEMPORARY RECORDS

- ▢ Class Schedule
- ▢ Test Scores: intelligence, aptitude, achievement levels
- ▢ Disciplinary Information
- ▢ Family Background Information
- ▢ IEP
- ▢ Special Education Records
- ▢ Psychological Evaluations
- ▢ Social Work Assessment
- ▢ Educational Evaluation & Reports
- ▢ Medical Nursing Records
- ▢ Speech, Physical or Occupational Therapy Evaluations/ Reports
- ▢ Reports/Evaluations Received From: _____
- ▢ Specialized Evaluations: psychiatric, audiological, vocational assessment
- ▢ 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 consent of the school student records for which I am authorizing exchange. I 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. And such limitations have been noted above.

_____ _____
PARENT SIGNATURE DATE

_____ _____
STUDENT SIGNATURE (over 18) DATE

NOTICE TO AGENT/PERSON RECEIVING RECORDS Under the provision of the *Illinois School Student Records Act*, 105 ILCS 10/6(d) and *Federal Education Rights and Privacy Act*, you may not re-disclose 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 years.