



## AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

I authorize,

\_\_\_\_\_  
(District #204 School Information)

☐

To Obtain From

☐

To Disclose To

\_\_\_\_\_  
(Agency, School, Therapist, Etc.)

The Following Information (Check all that apply and date of reports):

☐

Psychological Data/Reports \_\_\_\_\_

☐

IEPs and Educational Data/Records \_\_\_\_\_

☐

Social Developmental Study \_\_\_\_\_

☐

Medical History/Exams/  
Evaluations \_\_\_\_\_

☐

Mental Health Assessments \_\_\_\_\_

☐

Psychiatric Evaluations \_\_\_\_\_

☐

Summary of Treatment \_\_\_\_\_

☐

Other (Specify) \_\_\_\_\_

In the Form of (Check all that Apply):

☐

Written Report

☐

Telephone Conversation

☐

Facsimile

☐

Email

☐

Other (Specify) \_\_\_\_\_

The purpose or need for this information release is: \_\_\_\_\_

This consent expires: \_\_\_\_\_

(Date not to exceed one calendar year)

This person or agency to whom this information is disclosed may not re-disclose this information unless I, the undersigned, specifically consent to such disclosure.

I, the undersigned, understand that I have the right to inspect and copy the information to be disclosed, to challenge the contents in accordance with the Illinois School Student Records Act, and to limit consent or disclosure to designated records or portions of information contained therein.

I, the undersigned, have the right to revoke this consent at any time in writing. I understand that my refusal to permit such transmittal may limit the available database for diagnostic evaluation and treatment services.

The authorization form is in compliance with the requirements of Article VII, Rules and Regulations to Govern School Student Records.

\_\_\_\_\_  
Parent/Guardian Signature(s)  
(if Student is less than 18 years)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (If over age 12)  
(for mental health/developmental disability records, if student  
is age 12 or older, but less than 18 years)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness  
(required for mental health/development  
disability records)

\_\_\_\_\_  
Date