

**CONSENT FOR RELEASE OF INFORMATION TO
INDIAN PRAIRIE SCHOOL DISTRICT 204**

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 _____	[] Educational Data/Records _____
[] Social Developmental Study _____	[] Medical History/Exams/ Evaluations _____
[] Mental Health Assessments _____	[] Psychiatric Evaluations _____
[] Summary of Treatment _____	(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 from is in compliance with the requirements of Article VII, Rules and Regulations to Govern School Student Records.

_____ Parent/Guardian Signature	_____ Date	_____ Witness	_____ Date
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_____ Student's Signature (If over age 12)	_____ Date	_____ Witness	_____ Date
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