Reset Form (Erases Data)

Special Services Department
Evanston/ Skokie School District 65
1500 McDaniel Avenue
Evanston, IL 60201

Print Form

# AUTHORIZATION TO RELEASE / EXCHANGE CONFIDENTIAL INFORMATION

School: Park Special Education School  Phone: 847-424-2300  Date:

**Address:** 828 Main Street
Evanston, Il 60202

**Contact:** Admin and RSP  Fax: 847-492-7962

| Name of Student | Date of Birth | Age | Grade | Sex |
|---|---|---|---|---|
| | | | | |

**I, as parent or legal guardian of the above-named student, give my consent to District 65 to release or receive information on my child from a person, school, or agency, as indicated below.**

☒ **RELEASE** ☒ **RECEIVE**

**NAME:** **TITLE:**

**ADDRESS:**

**PHONE:** **FAX:**

**The following information is requested to assist in educational planning and coordination of services:**

- ☒ **Psychological Reports**
- ☒ **Social Work Reports**
- ☒ **Psychiatric Reports**
- ☒ **Medical/Health Records**
- ☒ **Educational Records/Reports**
- ☒ **Most Recent Case Study Eval. & IEP**
- ☒ **Telephone Contact(s)**
- ☒ **Other:** OT,PT,Speech

**Under the Illinois Mental Health & Development Disabilities Confidentiality Act, Confidential Reports from other organizations cannot be re-released as a part of the school record. Such information should be obtained directly from the specific organization. Records covered under this act include psychological reports and other mental health records and require student signature if 12 years or older.**

**I understand that, as a parent or guardian, I control access and release of student records to all individuals, agencies or schools other than the school in which my child is enrolled. I also understand that I have the right to inspect, copy, and challenge the educational relevancy of my child's school records.**

**I further understand that my consent to release/exchange confidential information can be revoked at any time.**

**The consequences of not signing this release are:**

**Parent/Guardian Signature:** _____ **Date:** _____

**Student Signature (12 yrs or older):** _____ **Date:** _____

**This consent is valid until this specific date:**

cc: District Office Student File Case Manager Supervisor Parent

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