



School District U-46  
 District Records Office  
 1019 E. Chicago Street  
 Elgin, IL 60120  
 Phone: 847-888-5000 x5033  
 Fax: 847-608-2759

## CONSENT FOR RELEASE OF STUDENT RECORDS

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First Middle

U-46 School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

I authorize School District U-46 to **release** information concerning the above named student to:

I authorize School District U-46 to **obtain** information concerning the above named student from:

NAME/AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City State Zip

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_



**TO Parent(s)/Guardian: Please INITIAL each item of information listed below you wish to have released.**

\_\_\_\_\_ Permanent Records such as: student's identifying information, parent's name and address, academic transcripts/test scores, attendance records, accident and health records, honors and rewards received, participation in school-sponsored activities

\_\_\_\_\_ Temporary Records such as: disciplinary information, class schedule, test scores, family background information, teacher anecdotal information, verified reports from non-school persons or agencies

\_\_\_\_\_ \* Special Education Records including all Case Study Components, I.E.P.'s, and MDC Reports

\_\_\_\_\_ \* Speech/Language, Physical or Occupational Therapy Reports/Evaluations

\_\_\_\_\_ \* Social work reports/assessment

\_\_\_\_\_ \* Psychological Evaluations

\_\_\_\_\_ \* Special education files including reports of multidisciplinary staffings

\_\_\_\_\_ \* Health History

\_\_\_\_\_ \* Verified reports from non-school persons or agencies which were part of special education decisions

\_\_\_\_\_ Other (specify) \_\_\_\_\_

**I understand that as a parent/guardian, upon written request, I have the right to inspect, copy, and challenge the contents of the school student records prior to release, for which I am authorizing release (105 ILCS 10/6, 10-8 Illinois School Student Records Act). 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.**

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Print Parent Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 New Home Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 Phone #

**NOTICE TO AGENT/PERSON RECEIVING RECORDS:** Under the law, you are prohibited from allowing any other person access to any information from the student's record unless you obtain prior, written consent of the student's parent.

\*All Special Education records for School District U-46 should be addressed to: **Director of Special Education, U-46 Educational Services Center, 355 E. Chicago Street, Elgin, IL 60120.**