



Central High School, P.O. Box 68, Burlington, IL 60109-847-464-6030-Fax 847-464-6039
Central Middle School, P.O. Box 397, Burlington, IL 60109-847-464-6000-Fax 847-464-0233
Prairie Knolls Middle School, 225 Nesler Rd., Elgin, IL 60124-847-717-8100-Fax 847-717-8105
Country Trails Elementary School, 3701 Highland Woods Blvd., Elgin, IL 60124-847-717-8000-Fax 847-717-8006
Howard B. Thomas Grade School, P. O. Box 395, Burlington, IL 60109-847-464-6008-Fax 847-464-6022
Lily Lake Grade School, 5N720 Route 47, Maple Park, IL 60151-847-464-6011-Fax 630-387-7912
Prairie View Grade School, 10N630 Nesler Rd., Elgin, IL 60124-847-464-6014-Fax 847-464-6024

AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS

I, _____, [] parent [] legal guardian [] surrogate parent [] primary caretaker,
authorize _____ to release records checked
below, regarding, _____, _____/_____/_____,
STUDENT BIRTHDATE
to: _____, (_____) _____
SCHOOL NAME PHONE

AGENCY, STREET ADDRESS, CITY, STATE, ZIP CODE FAX NUMBER
for the purpose of _____
This consent is valid until ____/____/____, unless otherwise revoked by me in writing.

RECORDS TO BE RELEASED

The records released shall cover the dates of ____/____/____ to ____/____/____. (Optional)

PERMANENT RECORDS

- [] Student's Name, Address, DOB, Birthplace, Gender, Birth Certificate [] Parent's Name(s), Address(es)
[] Attendance Records [] Accident Reports [] Health Records (excluding mental health)
[] Academic Transcript [] Honors/Awards received [] Participation in Extracurricular Activities

TEMPORARY RECORDS

- [] Class Schedule [] Test Scores: intelligence, aptitude, achievement levels
[] Disciplinary Information [] Family Background Information
[] Special Education Records: [] IEP [] Psychological Evaluations [] Social Work Assessment
[] ELL Access Scores [] Educational Evaluation & Reports [] Medical/Nursing Records
[] ELL Screener Scores [] Speech, Physical or Occupational Therapy Evaluations/Reports
[] Other [] Specialized Evaluations: psychiatric, audiological, vocational assessment
[] Reports/Evaluations Received From _____

INSTITUTION/AGENCY/INDEPENDENT PRACTITIONER

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 content of the school student records for which I am authorizing release. 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.

AUTHORIZED SIGNATURE

DATE

NOTICE TO AGENT/PERSON RECEIVING RECORDS Under the provision of the Illinois School Student Records Act, 105 ILCS 10/6(d) and the Federal Education Rights and Privacy Act, you may not redisclose 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 five years. ED 2003