

PLEASE FORWARD THIS REQUEST TO ALL AGENCIES WITH RECORDS OF THIS STUDENT.

Lee County Special Education Assn.
1335 Franklin Grove Road
Dixon, IL 61021
Telephone (815) 284-6651
Fax Number (815) 284-9680

Central School
30 E. Provost
Amboy, IL 61310
Telephone Number (815) 857-3619
Fax Number (815) 857-9024

Amboy Community Unit School District #272
AUTHORIZATION FOR RELEASE OF INFORMATION

DATE _____

STUDENT'S NAME _____ BIRTHDATE _____

Send to:

**CENTRAL SCHOOL
30 E. Provost
Amboy, IL 61310**

From: _____

THE FOLLOWING INFORMATION MAY BE RELEASED:

- _____ case study evaluation and multidisciplinary staff conference report
- _____ psychological report
- _____ psychiatric report
- _____ social work report
- _____ family background data
- _____ medical reports
- _____ individualized education program
- _____ health and physical record
- _____ official student academic record (student permanent record)
- _____ teacher and/or counselor observations, ratings, and recommendations
- _____ speech/language evaluation

- _____
-I understand that this information may not be forwarded to another individual, agency, or organization without my written consent.
- I understand that I have the right to inspect, copy, and challenge the information contained in the records received.
- I certify that I am the parent or legal guardian of the above named student and have the authority to sign this release.

IN ACCORDANCE WITH REVISED FEDERAL AND STATE STATUTES, PERMISSION OF THE PARENT OR ADULT STUDENT IS NO LONGER REQUIRED WHEN RECORDS ARE REQUESTED BY AUTHORIZED SCHOOL PERSONNEL.

Signature of Parent/Guardian

Relationship to Student