

SPRINGFIELD SCHOOL DISTRICT #186

AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name	Date of Birth	Parent/Legal Guardian Name	Relationship

I authorize the mutual sharing of my child's highly confidential information between:
and

<p>Springfield School District 186</p> <hr/> <p>Springfield Public Schools # 186</p> <hr/> <p style="text-align: center;">Name of School or Department Occupational Therapy/Physical Therapy Department</p> <hr/> <p style="text-align: center;">Attention (if applicable) 3031 Stanton</p> <hr/> <p style="text-align: center;">Address Springfield, IL 62703</p> <hr/> <p style="text-align: center;">City / State / Zip 217-585-5800/ 217-585-5807</p> <hr/> <p style="text-align: center;">Phone / Fax</p>
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<hr/> <p>Individual or Agency</p> <hr/> <p>Attention (if applicable)</p> <hr/> <p>Address</p> <hr/> <p>City / State / Zip</p> <hr/> <p>Phone / Fax</p>
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TYPE OF INFORMATION TO BE RELEASED (Initial next to information to be exchanged.)

Student	Guardian	Type of Confidential Information	Specify Date Range
		Educational (e.g., attendance, behavior and grade reports, expulsions, special education assessments, individualized education plans, progress in meeting educational goals, educational recommendations)	
		Medical (e.g., results of medical assessments, diagnoses, treatment plans, treatment progress, medication history, recommendations)	
		Psychiatric/Psychological (e.g., diagnoses, assessments, treatment plans, treatment progress, medication history, recommendations)	
		Alcohol/Drug (e.g., diagnoses, assessments, treatment plans, treatment progress, medication history, recommendations)	
		Child Welfare (e.g., incidents resulting in DCFS or community agency involvement, assessments, service plans, progress on service plans, placement history, court reports, recommendations)	
		Legal (e.g., arrests, probation history, convictions, progress on probation/parole, detention history, recommendations)	
		Other: (specify)	

PURPOSE FOR RELEASE OF INFORMATION (Initial next to purpose for release of information.)

Student	Guardian	Purpose for Requesting Information
		Coordination of services with the above named individual or agency
		Consultation with the above named individual or agency
		Parent Request
		Other: (specify)

- I understand this consent is valid for one (1) year following the date signed, specifically, _____.
- I understand that I may revoke this authorization in writing at any time except to the extent that action has already been taken.
- I understand that a copy or fax of this consent will be considered legal in lieu of the original document.
- I understand that I have the right to inspect and copy the information to be disclosed.
- I understand that refusal to consent may impact educational planning.

SIGNATURES (Required to authorize the mutual sharing of highly confidential information, as specified.)

<hr/> Parent/Legal Guardian Signature	<hr/> Date
<hr/> Student Signature (Age 12 & older)	<hr/> Date
<hr/> Witness Signature	<hr/> Date