**SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY**

**4812 W. Pfeiffer Road Bartonville, IL 61607**

**Phone: (309) 697-0880 Fax: (309) 697-0884**

**PERMIT TO RELEASE OR OBTAIN INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Legal Name:**  |  | **Date of Birth:**  |  |
|  |
| **STEP #1: PERSON COMPLETING FORM:** |
| Name and/or District:  |
| Fax #:   | Phone #:   | Date of Request:  |
|  |
| **STEP #2: select the INFORMATION TO BE OBTAINED/RELEASED: *(please check all that apply)*** |
| [ ]  Psychological | [ ]  Social Development | [ ]  IEP Eligibility | [ ]  Physical and/or Occupational Therapy |
| [ ]  Speech & Language | [ ]  Medical/Health | [ ]  Phone Consultation Only  | [ ]  Other (please list):        |
|  |
| **step #3: OBTAIN records FROM: *(please check one)*** |
| **[ ]** SEAPCO  |  |
| [ ]  School – Name:  |  |
|  Phone Number: | Fax Number: |
|  Address/City/Zip:  |  |
| [ ]  Other – Name:  |  |
|  Address/City/Zip:  |  |
|  |
| **step #4: RELEASE RECORDS TO: *(please check one)*** |
| **[ ]** SEAPCO: |
| [ ]  Parent – Name:  |  |
|  Address/City/Zip:  |  |
| [ ]  School/Facility Name |  |
|  Address/City/Zip |  |
| [ ]  Other: Name |  |
|  Address/City/Zip |  |
|  |
| **STEP #5: SIGNATURE(S)** |
| *I understand that I may review this information. I know that I may inspect and copy the records in my child’s file and that I have the right to challenge the content of the file. Consent is valid for twelve (12) months from date of signature below.* |
| Parent/Guardian Name (please print) | Parent/Guardian Signature Date |
|  ***NOTE: Psychological Report requests ONLY,*** ***student’s signature must be obtained (age 12 & up)*** | Student’s Signature Date |
|  |
| \* \* \* \* \* \* \* \* \* \* \* \* FOR OFFICE USE ONLY \* \* \* \* \* \* \* \* \* \* \* \* |
| Date Request Received:   | Date Records Sent:   | Sent By:  |