**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: | |