



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)*

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Social Development | <input type="checkbox"/> IEP Eligibility | <input type="checkbox"/> Physical and/or Occupational Therapy |
| <input type="checkbox"/> Speech & Language | <input type="checkbox"/> Medical/Health | <input type="checkbox"/> Phone Consultation Only | <input type="checkbox"/> Other (please specify): |

STEP #3: OBTAIN RECORDS FROM: *(please check one)*

☐ SEAPCO

☐ School – Name:

Phone Number:

Fax Number:

Address/City/Zip:

☐ Other – Name:

Phone Number:

Fax Number:

Address/City/Zip:

STEP #4: RELEASE RECORDS TO: *(please check one)*

☐ SEAPCO

☐ Parent – Name:

Phone Number:

Address/City/Zip:

☐ School/Facility Name:

Phone Number:

Fax Number:

Address/City/Zip:

☐ Other - Name:

Phone Number:

Fax Number:

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