

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 list):

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

<input type="checkbox"/> SEAPCO
<input type="checkbox"/> School – Name:
Phone Number: _____ Fax Number: _____
Address/City/Zip: _____
<input type="checkbox"/> Other – Name:
Address/City/Zip: _____

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

<input type="checkbox"/> SEAPCO:
<input type="checkbox"/> Parent – Name:
Address/City/Zip: _____
<input type="checkbox"/> School/Facility Name
Address/City/Zip _____
<input type="checkbox"/> 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: _____
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