



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: PLEASE INCLUDE THE FOLLOWING INFORMATION TO BE OBTAINED/RELEASED:			
• Psychological	• Social Development	• IEP Eligibility	• Physical and/or Occupational Therapy
• Speech & Language	• Medical/Health	• Phone Consultation Only	• Other (please specify): _____

STEP #3: OBTAIN RECORDS FROM: <i>(please check one)</i>	
<input type="checkbox"/> SEAPCO	
<input type="checkbox"/> School – Name:	
Phone Number:	Fax Number:
Address/City/Zip:	
<input type="checkbox"/> Other – Name:	
Phone Number:	Fax Number:
Address/City/Zip:	

STEP #4: RELEASE RECORDS TO:
<input type="checkbox"/> Todd Welton Division of Rehabilitation Services (DRS) 1 Technology Plaza Suite 207 Peoria, IL 61602 Phone: 309-671-8763 Fax: 309-671-7746 Email: Todd.Welton@illinois.gov

STEP #5: SIGNATURE(S)		
<i>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.</i>		
_____	_____	_____
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