

Woodland School District 50

1105 N. Hunt Club Road
Gurnee, Illinois 60031
Phone: (847) 596-5600
Fax: (847) 856-0311

Authorization to Release/Exchange Student Record Information

Student's Name

Date of Birth

I, the parent/guardian of the above-named student, authorize and request the release of the following records/information regarding my child:

- o Individualized Education Plans (IEP)
o Grade Reports
o Disciplinary Reports
o Social Histories
o Other: Physical/Immunization Records/ Physician Statement of Immunity with Medical Opinion
o Therapeutic Summaries
o Progress Reports
o Psychological Evaluations
o Legal/Court Reports
o Attendance Reports
o Psychiatric Reports
o Discharge Summaries
o Medical/Physical Forms
o Hearing/Vision Reports
o All School Student Records

This information will be released from: (name, address, phone and fax of doctor)

Blank lines for doctor information and phone/fax fields.

This information will be released to:

Woodland School District 50
1105 N Hunt Club Road
Gurnee, Illinois 60031
Phone: (847) 596-5600
Fax: (847) 856-0311
Attention:

This information will be released from:

Woodland School District 50
1105 N. Hunt Club Road
Gurnee, Illinois 60031
Phone: (847) 596-5600
Fax: (847) 856-0311

This information will be released to: (name, address, phone and fax of doctor)

Blank lines for recipient information and phone/fax fields.

These disclosures are authorized by me pursuant to 20 U.S.C. § 1232g, 105 ILCS 10/1 et seq., and 740 ILCS 110/1 et seq., and are to be made for the purpose of:

- o Educational planning
o Obtaining private services
o Continuity of care
o Obtaining social security benefits
o Legal proceedings
o Other: IDPH review of the physician statement and supporting documents

I understand that this authorization will be valid for one year from the date of signature. However, I understand I have the right to revoke this authorization in writing at any time. I understand that this authorization is limited only to the information listed above, which will only be released from/to the individuals, agencies and/or schools named above. I also understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I understand that my refusal to consent to the release of the information specified above will prevent disclosure of such material to the individual(s), agencies, and/or school(s) named herein, with the potential consequence of impeding the purpose stated above.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student (if 12 years or older and records contain mental health and/or developmental disability information): _____ Date: _____

Witness (age 18 or older): _____ Date: _____