



Community Unit School District 303

Donald D. Schlomann, Ph.D. • Superintendent of Schools • (331) 228-2000

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Name of Student

Birthdate

Address

As the above-named student, the parent or legal guardian of the above-named student, I hereby grant my permission to Community Unit School District 303 to exchange confidential information concerning this student with:

Name of Agency, School District, Individual, etc.

The purpose of this authorization is:

I understand that my permission covers the release of permanent and temporary records, as well as the release of confidential records and reports. I also understand that I have the right to inspect and copy school records, to challenge the contents of these records and/or limit this consent to specific records or portions of records which I have designated below:

This authorization terminates on the following date:

Signature of Parent/Guardian or Adult Student over Age 18

Date

Address

Phone Number

cc: student's temporary record

"Empowering and Inspiring ALL"