



ST. CHARLES COMMUNITY UNIT SCHOOL DISTRICT 303

201 SOUTH 7TH STREET, ST. CHARLES, ILLINOIS 60174

PHONE: (331) 228-2000 • FAX (331) 228-2001

RELEASE OF INFORMATION

Date: _____

Student Name: _____

Date of Birth: _____

I/we grant consent for the exchange of the below information between **St. Charles Community Unit School District 303** and

Name: _____

Address: _____

Email/Fax: _____ Phone: _____

Nature of the information to be exchanged:

☐ All student records and student record information of the above-named student maintained by the District pursuant to the *Illinois School Student Records Act*, 105 ILCS 10/1 *et seq.*

☐ All records, documents, and information relating to any treatment, consultation, or guidance of any nature provided by the District to the above-named student, excluding the "personal notes" of any therapist as defined by Section 2 of the *Illinois Mental Health and Developmental Disabilities Act*, 740 ILCS 110/2.

And/or select the following information to be exchanged:

- ☐ Permanent Record
- ☐ Temporary Record
- ☐ Special Education Records (including IEPs, 504 Plans, FBA/BIP, progress reports)
- ☐ Health Records
- ☐ Health-Related Information
- ☐ Social Work Reports

- ☐ Psychological/Psychiatric/Neuropsychological Evaluations
- ☐ Achievement Testing
- ☐ Academic Transcript/Report Cards
- ☐ Attendance Records
- ☐ Disciplinary Records
- ☐ Other: _____

The purpose of exchanging information: _____

I/we understand that if I/we do not grant this consent, this information will not be discussed with and these records will not be released to the above-identified identified recipient, but we will not suffer any other consequences. This consent is valid for one calendar year from the date set forth below unless otherwise stated, and may be revoked at any time in writing. I/we also understand that we have the right to inspect, copy, and challenge the information to be disclosed pursuant to this consent.

Note: If only records and information pursuant to ISSRA are being exchanged, only the signature of the parent/guardian is required. If mental health records and information pursuant to the MHDDCA are being exchanged, only the parent's/guardian's signature is needed if the student is under age 12. If the student is between ages 12 and 18, both the parent's/guardian's and student's signature are needed. If the student is age 18 or over, only the student's (or if the student has been judged to be incapacitated by a court, the guardian's) signature is required.

Parent/Guardian Signature

Date

Witness Signature

Date

Student Signature

Date

Witness Signature

Date

cc: Student Temporary Record