Kankakee Area Special Education Cooperative

Consent for Release/Exchange of Student Records and Information

Student's Name: _____ Date of Birth: _____/_____/_____

I hereby give permission to release/exchange copies of and/or share information contained within the Student's school student records listed below:

_____ **All School Student Records**, including but not limited to:
Cumulative-permanent record, special education records, grade reports, discipline records, health records, attendance records, test scores, copy of birth certificate, copy of physical for athletics and ISBE Form 33-78.

_____ **All Special Education Records**

_____ **Specific School Student Records** (checked below):

___Medical Information	___ Social Histories	___ Psychological Evaluations
___ Psychiatric Evaluations	___ IEP	___ Speech/Language Evaluations
___ Health/Attendance records	___ Birth Certificate	___ Physical Therapy Evaluations
___ ISBE Form 33-78	___ Test Scores	___ Occupational Therapy Evaluations
___ Cumulative-Permanent Record		___ Copy of Physical for Athletics

___ Other: _____

_____ **Other** (Specify): _____

This information is to be released/exchanged between:

School/Agency: _____ Kankakee Area Special Education Cooperative

Address: _____ **AND** 1 Stuart Drive, Kankakee, IL 60901-8947

Attn: _____ Attn: _____

These disclosures are authorized pursuant to 20 U.S.C. Section 1232g, 105 ILCS 10/1 et seq., and 740 ILCS 110/1 et seq., and are to be made for the purpose of educational planning for _____ (student name).

I 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 also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for _____ (student name).

I understand that this release/exchange of information is in effect through _____/_____/_____ (not to exceed one year), and that I may revoke consent for this release/exchange in writing at any time.

_____ _____/_____/_____ _____
Parent/Guardian Date Witness Signature
(for mental health/developmental disability records)

_____ _____/_____/_____
Student Date
(for mental health/developmental disability records, if student is age 12 or older)

10/08