

# Consent for Release of Student Records

20100 S. Spruce Drive. Frankfort, Illinois 60423 Office: (815) 469.9103 Fax: (815) 469.0566

I hereby consent to: \_\_\_\_\_  
(School, Agency, or Person)

\_\_\_\_\_ to release the information  
(Address)

listed below regarding \_\_\_\_\_  
(Student Name)

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Home District: \_\_\_\_\_

to \_\_\_\_\_ Attention: \_\_\_\_\_  
(School, Agency, or Person)

\_\_\_\_\_ (Address)

- ALL GENERAL EDUCATION RECORDS  
(Grade Reports, Health Immunizations, Achievement Test Scores, Cumulative Record, ELL Records)
- SPECIAL EDUCATION RECORDS  
(IEP, Eligibility for Special Education Conference Reports/Case Study, Psychological, Speech/Language Reports, Health History, Social History, Progress Reports)
- OTHER (Specify)  
\_\_\_\_\_

The reason for this release is:  
 RELOCATION  
 OTHER \_\_\_\_\_  
(Please Specify)

I understand that I have the right to inspect, copy, and challenge the contents of the school records in question prior to release; and the right to limit any consent for the release of school records to designated records or designated portions of information in the school student records.

\_\_\_\_\_  
(Signature of Parent/Guardian or Student over 18 years of age) \_\_\_\_\_  
(Date)

Illinois law requires the District to transfer student's records within ten (10) days of receiving a request from the new school in which the student is transferring to. Prior to releasing the records, the Parent/Guardian has the right to inspect, copy, and challenge the contents of the records. 105ILCS 10/6, 10-8 Illinois School Student Records Act.