

**PROVISO AREA FOR EXCEPTIONAL CHILDREN
1000 VAN BUREN STREET
MAYWOOD, IL 60153
708-450-2100**

Date: _____

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS AND INFORMATION

I hereby give Proviso Area for Exceptional Children (PAEC) permission to release student records and information pursuant to the *Family Educational Rights & Privacy Act*, 20 U.S.C. Section 1232g and the *Illinois School Student Records Act*, 105 ILCS 10/1 et seq. regarding:

Student Name: _____ Date of Birth: _____

Student Number: _____

Programs: _____

Person or agency for whom/which permission to exchange applies:

Agency/School Name _____ Contact _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____ E-Mail Address _____

Records/information to be released/exchanged:

Educational/Student Records IEP Conference Reports Medical Records
 Progress Reports Psychiatric Evaluations Attendance Reports
 Evaluations/Specific Components: _____
 Specialized Evaluations: OT/PT, Speech/Language, Other: _____
 Other _____

Purpose of Release: _____

Possible Consequence(s) of Refusal to Consent: _____

Expiration Date (not more than 1 year from date of Authorization) _____

Parent/Guardian Signature _____ Date _____

Student Signature (if over 12 years of age) _____ Signature of Witness (and relationship to Parent/Guardian) _____

Return Records to PAEC c/o: _____

The right to grant permission to release student records is restricted to parent/legal guardian and student only. The release will be valid until the expiration date listed above and, unless otherwise stated, authorizes releases of records and information until the Expiration Date. The parent/guardian and student has the right to inspect and copy all student records referenced herein, challenge their contents, and limit consent to designated records or portions of the information contained in those records. Consent is given only to those records designated above and in writing at any time.

cc: Student File