**LASALLE/PUTNAM COUNTY EDUCATIONAL ALLIANCE FOR SPECIAL EDUCATION**
**1009 Boyce Memorial Drive Ottawa, IL 61350**
**PHONE/TDD: 815-433-6433 / FAX: 815-433-6164 / EMAIL: lease@lease-sped.org**
**Mary Jane Chapman, Executive Director Pam Carretto, Assistant Director**

## CONSENT TO RELEASE/ OBTAIN AND/OR EXCHANGE STUDENT INFORMATION

I, the parent or legal guardian of the student named below, hereby give consent for _____

_____ to exchange (release/receive) the following information about the
(name of school district/agency)
following student: _____, with the following:
(Name of child/student)

**(List the names and addresses of the organization/s including city, state and zip):**

_____

_____

for the purpose of: _____

_____

This release is valid for one calendar year from _____.
(Date of release)

**INFORMATION RELEASED** **(The most current record is to be released unless otherwise noted by the date indicated next to the specific item below.)**

**Date: Educational Information**

____ Academic Transcript
____ Attendance Records
____ General Intelligence
____ Communication Status
____ Eligibility Report
____ IEP Report
____ Social/Emotional Status
____ Diagnostic and/or Screening Evaluations
____ Audiological
____ Summary of Academic Performance
____ Other - Specify: _____

**Date: Other Evaluations/Information:**

____ Mental Health Assessments
____ Ocular
____ Psychiatric
____ Neurological
____ Physical Therapy
____ Occupational Therapy
____ Physical, Dental & Medical Evaluations
____ Substance Abuse
____ Summary of Care - Specify: _____
____ Ongoing communications

I understand that my permission covers the release/exchange of permanent and/or temporary confidential records and reports. I also understand that I have the right to inspect, copy and/or challenge the contents of school records or limit this consent to specific records or portions of records that have been designated above. I also understand that I have the right to request a hearing to determine the status of such information and that, at any time during the period of permission granted, I may revoke this permission. Consequences to refusing consent for releasing information could possibly result in incomplete educational planning and redundant and unnecessary additional evaluation of the student.

_____ _____
Signature of Parent/Legal Guardian or (Student if 18 or older) Date

Revised date: September 4, 2008