

LASALLE/PUTNAM COUNTY EDUCATIONAL ALLIANCE FOR SPECIAL EDUCATION

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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