

**B7**

**CONSENT FOR RELEASE OF INFORMATION**

Re:

(Student Name) (Birthdate)

(Address) (County) (Parent/Guardian)

**I authorize the Williamson County Special Education District to release/obtain the following oral and**

**written information to/from:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Release Obtain Release Obtain

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.[ | ] | [ | ] |  | 5. | [ | ] | [ | ] |  |
|  |  |  |  | Psych.Reports |  |  |  |  |  | Social Service Info. |
| 2.[ | ] | [ | ] |  | 6. | [ | ] | [ | ] |  |
|  |  |  |  | Medical Reports |  |  |  |  |  | School Reports (IEP,MDC) |
| 3.[ | ] | [ | ] |  | 7. | [ | ] | [ | ] |  |
|  |  |  |  | Speech/Language/Aud. |  |  |  |  |  | Vocational Records |
| 4.[ | ] | [ | ] |  | 8. | [ | ] | [ | ] |  |
|  |  |  |  | PT/OT Reports |  |  |  |  |  | Other |
|  |  |  |  |  | 9. | [ | ] | [ | ] |  |
|  |  |  |  |  |  |  |  |  |  | Exceptions (Do not send) |

This information is needed for the following purpose (s):

Send information to:

Williamson Co. Special Education Dist. Ms. Angela Davis, Records Custodian

**ANGELA DAVIS, Records Custodian angela.davis@wces.co**

411 South Court Street

Marion, IL 62959

**I understand that the consent granted by this written waiver is voluntary, and that I may withdraw this waiver at any time. I also understand that I have the right to inspect, copy and challenge such records in accordance with the Illinois School Student Records Act, 105 ILCS 10/1 et seq., and the Family Education Rights and Privacy Act, 20 U.S.C. §1283(g), and to limit any consent granted by this waiver to designated records.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature (Age 12 or over)                                          Parent/Guardian/Adult Student (Age 18)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Signature - Date/Time                                                             Relationship to Student**

**Release is valid until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

411 S. Court Street, Marion, Illinois 62959 Phone: (618) 993-2138 Fax: (618) 997-3950 [www.](http://www.)wces.co