LEYDEN AREA SPECIAL EDUCATION COOPERATIVE
10401 GRAND AVE., FRANKLIN PARK, IL 60131
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Michael T. McElherne, Ed.D.
Director

RELEASE OF INFORMATION FORM

Name of Child (L,F,M): ______________________ Birthdate ______________ Date ______________

Student Address ______________________________ Attending School ______________________________

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In compliance with "The Family Rights and Privacy Act," permission is hereby granted to release information checked below for the purposes shown.

School requests (check)	Parent authorizes (initials)	
☐	________	A transcript of courses taken, grades and credits earned, and attendance information in order to facilitate enrollment.
☐	________	Medical and immunization records in order to verify the student's health status.
☐	________	Records and/or diagnostic reports such as psychological, or psychiatric evaluations, social history, multi-disciplinary staffing reports, IEP's and other pertinent specialists' reports.
☐	________	Authorization for verbal communication between appropriate staff members.

From: Authorized Person ______________________________ To: Authorized Person ______________________________

I understand that I have the right to inspect and copy any information transmitted on the basis of this form.

This permission is valid for a period not to exceed ______________ days from ______________

I understand that I have the right to revoke this consent at any time.

______________________________ ______________________________

Signature of Parent/Guardian *Signature of Student (Age 12 and Older)*

c - Parent - Student File - LASEC