AUTHORIZATION FOR RELEASE / EXCHANGE OF INFORMATION

I, _____ hereby authorize the exchange of
(Name of parent/guardian/student if 18 or older)

Communications and the release/exchange of the following records or confidential information and/or communications concerning _____ (hereinafter
(Name of student)

"the Student") between the Glen Ellyn School District 41 and its agents and employees and

_____:
(Name of person / agency)

☐ Psychological Evaluation ☐ Psychiatric / Medical Reports

☐ Social Developmental Study ☐ Individualized Education Plans (IEP)

☐ Speech/ Language Evaluation ☐ Progress Reports

☐ Health History Other: _____

These disclosures are authorized pursuant to 20 U.S.C. Section 1232g, 105 ILCS 10/1 *et seq.*, and 740 ILCS 110/1 *et seq.*,* and are to be made for the following purpose(s):

_____.
(Print purpose(s))

I understand that I have the right to inspect and copy the records and information to be disclosed, challenge their contents, and limit my consent to designated records or portions of the information or communications contained in those records.

This Authorization expires one year from the date indicated below. However, I understand that I have the right to revoke this consent in writing at any time.

_____ _____
PARENT/GUARDIAN SIGNATURE DATE
(if Student is less than 18 years)

* NOTE: Prior to the release of protected health information, health care providers may require the parent/guardian to execute an additional authorization form to comply with the Health Insurance Portability and Accountability Act ("HIPAA").