Illinois Department of Human Services	Release of Information-Education	
Illinois Center for Rehabilitation and Education – Roosevelt 1950 West Roosevelt Road ~ Chicago, IL 60608 FAX: 312-433-3254/Attention: Susan Devitt		Date:
REGARDING:		
Name:	Date of Birth:	
Address:	City:	State/Zip Code:
Name of Parent/Guardian:		
I authorize the Illinois Center for Rehabilitation and Ed	lucation – Roosevelt	(ICRE-R) to release obtain the
following information to from: Name:	Phone:	
Address:	FAX:	
City, State:	Zip Code:	
Specific information to be disclosed:		
✓ Psychological reports	☑IEP	
☐ Medical including surgical summaries	✓ Multidisciplinary staffing reports	
✓ Immunization records	☑Physical and occupational therapy reports	
✓ Audiological reports	☑Diagnostic and prescriptive reports from the	
✓ Vision reports	☑ Educational Clinical Service Department	
☑ Speech/communication/language reports	✓ Vocational evaluation reports	
✓ Social history		
☑School reports		
This information is needed for the following purpose: (assessment and evaluation of potential applicants (c) of This consent for disclosure is valid until: one year from I understand 1) that I may revoke this consent at any agency/person authorized to receive this information in to be disclosed; 3) that I may challenge the contents a Student Pecords Act; and 4) that I may limit my conse	other: om date of signatual time; 2) that both I have the right to insp as provided by Section	and the above named pect and copy the information on 7 of the Illinois School

Student Records Act; and 4) that I may limit my consent to designated records or designated portions of

the information herein. It has been explained to me that if I refuse to consent to this release of information, the following consequences are possible:

(Signature of Witness) (Signature of parent/guardian if client/student (Date) is under the age of 18) (Signature of client/student if 18 or older or (Date) legal guardian of an adult)

NOTICE TO RECEIVING AGENCY/PERSON: Under the provisions of law and regulations, you may not re-disclose any of this information unless the person who consented to this disclosure specifically consents to such re-disclosure.

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois School Student Records Act (IL Rev. Stat. 1965.ch. 122. Para. 50-1 et.seq.). Disclosure of this information is VOLUNTARY; however failure to comply may result in this form not being processed. This form has been approved by the State Forms Management Center. 488-1700