

Release of Information-Education

Date:

REGARDING:

Name:	Date of Birth:	
Address:	City:	State/Zip Code:
Name of Parent/Guardian:		

I authorize the Illinois Center for Rehabilitation and Education – Roosevelt (ICRE-R) to release obtain the following information to from:

Name:	Phone:
Address:	FAX:
City, State:	Zip Code:

Specific information to be disclosed:

<input checked="" type="checkbox"/> Psychological reports <input type="checkbox"/> Medical including surgical summaries <input checked="" type="checkbox"/> Immunization records <input checked="" type="checkbox"/> Audiological reports <input checked="" type="checkbox"/> Vision reports <input checked="" type="checkbox"/> Speech/communication/language reports <input checked="" type="checkbox"/> Social history <input checked="" type="checkbox"/> School reports	<input checked="" type="checkbox"/> IEP <input checked="" type="checkbox"/> Multidisciplinary staffing reports <input checked="" type="checkbox"/> Physical and occupational therapy reports <input checked="" type="checkbox"/> Diagnostic and prescriptive reports from the <input checked="" type="checkbox"/> Educational Clinical Service Department <input checked="" type="checkbox"/> Vocational evaluation reports <input type="checkbox"/> _____ <input type="checkbox"/> _____
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This information is needed for the following purpose: (a) to update or complete student records, (b) for assessment and evaluation of potential applicants (c) other: _____.

This consent for disclosure is valid until: one year from date of signature.

I understand 1) that I may revoke this consent at any time; 2) that both I and the above named agency/person authorized to receive this information have the right to inspect and copy the information to be disclosed; 3) that I may challenge the contents as provided by Section 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 is under the age of 18)	_____ (Date)
	_____ (Signature of client/student if 18 or older or legal guardian of an adult)	_____ (Date)