

PERMISSION TO RELEASE RECORDS

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 21
999 West Dundee Road
Wheeling, IL 60090
(847)537-8270

Psychological evaluations, special education files and other information contained in student temporary records (or copies thereof) which may be continued assistance to the student may be transferred to the custody of the parent or student upon the graduation or permanent withdrawal of a handicapped student. These records may be of some future usefulness to you or your child in some circumstances. They may possibly be helpful in obtaining some types of social security benefits or other benefits for the handicapped from other agencies.

Parents and students are hereby notified that the District will maintain permanent student records for 60 years and temporary special education records for five years from the time a student graduates, transfers or permanently withdraws from the School District. Parents/students have the right to request copies of such records at any time prior to their destruction.

Date _____

I, the parent or legal guardian of the child(ren) listed below, hereby give my permission for the permanent and temporary school records, health records and any pertinent school information regarding this pupil(s) to be released to the school or individual below. I understand that I have the right to (1) inspect and copy these records (2) challenge the contents of these records and /or (3) limit this consent to specific records which I have designated here:

<u>Name of Pupil(s)</u>	<u>Grade</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Last Day at School _____

Release Records To:

Permission Given By:

*School/Parent/Legal Guardian/Self

*Signature of Parent/Legal Guardian/Self

Street Address

*Street Address

City, State, Zip Code

*City, State, Zip Code

*Phone Number

**Information must be filled out*