



School District U-46
District Records
355 East Chicago St
Elgin IL 60120
Phone: 847-888-5000 x 5033
Fax: 847-608-2759

CONSENT FOR RELEASE OF STUDENT RECORDS

Student Name: _____ Birthdate: _____
Last First Middle

U-46 School Attended: _____ Grade: _____

☐ I authorize School District U-46 to **release**
information concerning the above named
student to:

☐ I authorize School District U-46 to **obtain**
information concerning the above named
student from:

NAME/AGENCY: _____

ADDRESS: _____

_____ City _____ State _____ Zip

TELEPHONE: _____ FAX: _____



TO Parent(s)/Guardian: Please **INITIAL** each item of information listed below you wish to have released.

_____ Permanent Records such as: student's identifying information, parent's name and address, academic transcripts/test scores, attendance records, accident and health records, honors and rewards received, participation in school-sponsored activities

_____ Temporary Records such as: disciplinary information, class schedule, test scores, family background information, teacher anecdotal information, verified reports from non-school persons or agencies

_____ * Special Education Records including all Case Study Components, I.E.P.'s, and MDC Reports

_____ * Speech/Language, Physical or Occupational Therapy Reports/Evaluations

_____ * Social work reports/assessment

_____ * Psychological Evaluations

_____ * Special education files including reports of multidisciplinary staffings

_____ * Health History

_____ * Verified reports from non-school persons or agencies which were part of special education decisions

_____ Other (specify) _____

I understand that as a parent/guardian, upon written request, I have the right to inspect, copy, and challenge the contents of the school student records prior to release, for which I am authorizing release (105 ILCS 10/6, 10-8 Illinois School Student Records Act). I also have the right to designate the school student records to be released or to identify specific portions of a school record to be released by this consent. Any such limitations have been noted above.

_____ Parent/Guardian Signature _____ Print Parent Name _____ Date _____

_____ New Home Address _____ City _____ State _____ Zip _____

_____ Phone # _____

NOTICE TO AGENT/PERSON RECEIVING RECORDS: Under the law, you are prohibited from allowing any other person access to any information from the student's record unless you obtain prior, written consent of the student's parent.

*All Special Education records for School District U-46 should be addressed to: **Director of Special Education, U-46 Educational Services Center, 355 E. Chicago Street, Elgin, IL 60120.**