

# SOUTH EASTERN SPECIAL EDUCATION CONSENT FOR RELEASE OF INFORMATION - AUTHORIZATION

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I, \_\_\_\_\_ authorize

South Eastern Special Education  
500 S. Scott Ave.  
Newton, Illinois 62448

to release information to       to obtain information from       to exchange information with

Name/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Information may consist of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Psychiatric Evaluation             | <input type="checkbox"/> Aftercare Plan           |
| <input type="checkbox"/> Alcohol/Substance Abuse Assessment | <input type="checkbox"/> Medical Information      |
| <input type="checkbox"/> Progress Note                      | <input type="checkbox"/> Mental Health Assessment |
| <input type="checkbox"/> Vocational Assessments             | <input type="checkbox"/> Treatment Plan           |
| <input type="checkbox"/> Psychological Evaluation           | <input type="checkbox"/> Discharge Summary        |
| <input type="checkbox"/> Social History                     | <input type="checkbox"/> Other: _____             |

The following has been explained to me and I understand that:

- ❖ Any information released or exchanged by either authorized person or organization is not to be disclosed without my consent in accordance with State and Federal regulations.
- ❖ I can revoke this consent at any time (in writing) except to the extent that action has already been taken.
- ❖ I have the right to inspect and to obtain a copy of the information to be released.
- ❖ Refusal to sign this release may result in delays, duplications and other problems that may affect the quality of services this agency provides.

This authorization expires on: \_\_\_\_\_ \*not to exceed 365 days.

\_\_\_\_\_  
Student Signature (Signature of person 12 years or older required for release of Mental Health Materials)

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Date: \_\_\_\_\_

**NOTICE TO WHOMEVER DISCLOSURE IS MADE. THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAW. THESE LAWS PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS.**