

**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: Department of Human Services Division of Rehabilitation Services

Address: 1112 South West Street

City: Olney State: IL Zip Code: 62450

Phone: (618) 395-2147 Fax: _____

Information may consist of the following:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Grades | <input type="checkbox"/> Medical Information |
| <input checked="" type="checkbox"/> Health Records | <input type="checkbox"/> Mental Health Assessment |
| <input type="checkbox"/> Vocational Assessments | <input type="checkbox"/> Treatment Plan |
| <input checked="" type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Discharge Summary |
| <input checked="" type="checkbox"/> Social History | <input checked="" type="checkbox"/> Other: Supportive Services Reports |

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.