

Leslie Keller, Parent Mentor/Tri-County Special Education Association

812 Lincoln Ave., Lincoln, IL 61656 (217) 732-2316

**CONSENT FOR EXCHANGE OF CONFIDENTIAL INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

I authorize Leslie Keller, Parent Mentor/Tri-County Special Education Association and the school district: \_\_\_\_\_

Name of School District

address: \_\_\_\_\_

To exchange \_\_\_\_\_ or release only \_\_\_\_\_ obtain only \_\_\_\_\_ the confidential information requested below with, or from, the following organization/agency:

\_\_\_\_\_  
Name of organization. /agency and address

**Specific records or verbal information to be shared:**

\_\_\_\_ IEP/Evaluation Determination Records    \_\_\_\_ Psychological Reports

\_\_\_\_ Social History    \_\_\_\_ OT/PT Reports    \_\_\_\_ Speech/Lang. Reports

\_\_\_\_ Audio/Vision Reports    \_\_\_\_ Medical/Diagnosis/Prescription Reports

\_\_\_\_ Other Reports: \_\_\_\_\_

This information will be used for the purpose of: \_\_\_\_\_

I understand that I have the right to inspect and copy school records and to challenge the contents of these records. Federal and State legislation requires the consent is needed for transfer of records beyond a third party. This authorization ends on year from the date of permission,

\_\_\_\_\_  
Parent/Guardian/Surrogate Signature    Date

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Printed name of above    Date

\_\_\_\_\_  
Student signature if applicable    Date