



For office use only:

Grade/School

Fax Number

Authorization for Release Exchange of Information

Name of Student: _____	Date of Birth: _____
------------------------	----------------------

Does your child have an Individualized Education Program/IEP? YES _____ NO _____

Does your child have a 504 Plan or Medical Services Plan? YES _____ NO _____

Does your child Receive EL Services (ESL/Bilingual/Dual Language)? YES _____ NO _____

If you answered “yes” to any of these questions, please complete and sign below.
If “no”, you do not need to fill out this form.

I hereby authorize the exchange of communications and the release/exchange of information between Belvidere Community Unit School District #100 employees and _____
Name of Previous School District, City, State

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

(for mental health/developmental disability records, if student is age 12 or older)

Date: _____

Witness Signature: _____

(for mental health/developmental disability records)

Date: _____

These disclosures are authorized pursuant to 20 U.S.C. Section 1232g, 105 ILCS 10/1 et seq. and 740 ILCS 110/1 et seq.* and are to be made for the purpose of educational planning for the student named above. I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for my child. This consent expires on year from the date indicated below. However, I understand that I have the right to revoke this consent in writing at any time.

For Office Use Only:

For **Special Education Records** Please release/exchange the following records indicated below:

Most Recent Annual Review/IEP AND Initial Evaluation or IEP/Most recent Re-Evaluation including:

- Psychological Eval ● Social History ● Speech/Language Eval ● Health History ● Motor Assessment
- IEP generated from the initial evaluation

FAX ATTN: Special Education Department to 815-544-4260

Mail ATTN: Special Education Department to 1201 Fifth Avenue, Belvidere, IL 61008

For **504 or Medical Services Plan** Please release/exchange the following records indicated below:

Most Recent 504 Plan or any Medical Services Plan for this student

FAX ATTN: Special Education Department to 815-544-4260

Mail ATTN: Special Education Department to 1201 Fifth Avenue, Belvidere, IL 61008

For **EL** Please release/exchange the following records indicated below:

_____ ACCESS _____ W-APT Scores

FAX ATTN: EL Department to 815-544-4260

Mail ATTN: EL Department to 1201 Fifth Avenue, Belvidere, IL 61008

*NOTE: Prior to the release of protected health information, health care providers may require the parent/guardian to execute an additional authorization form to comply with the Health Insurance Portability and Accountability Act (“HIPPA”)