

# BLOOMINGTON PUBLIC SCHOOLS

## School District 87

### AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

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

*I hereby authorize:*

School/Agency/Individual:	
Address:	
Address:	
City, State, Zip Code:	
Telephone:	Email address:
Fax:	Website:

*To release the information below regarding my child to:*

Enrolling School/Agency/Individual:	Oakland School
Address:	1605 E. Oakland Ave
Address:	
City, State, Zip Code:	Bloomington, IL 61701
Telephone: 309-662-4302	Email address:
Fax: 309-663-4385	Website:

Requested Items	Description	Items released by please initial
<input type="checkbox"/>	Cumulative Student Records (Official transcript grades and tests scores)	_____
<input type="checkbox"/>	Discipline Records and Attendance	_____
<input type="checkbox"/>	Health Records & Certified Copy of Birth Certificate	_____
<input type="checkbox"/>	Special Education Records (including speech therapy, IEP, Psychological report, Social Development Study, Multidisciplinary/Eligibility Conference Reports)	_____
<input type="checkbox"/>	ISBE (Form IL Student)	_____
<input type="checkbox"/>	Other _____	_____

*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 that consent is needed for transfer of records beyond a third party. This authorization terminates one year from the date of permission.*

\_\_\_\_\_  
Student Signature (if applicable) Date Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Printed Name

*Parental permission is no longer required when records are requested by authorized school personnel (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673).*

Date requested, mailed, or faxed: \_\_\_\_\_ By: \_\_\_\_\_

Records received by and date: \_\_\_\_\_

Records distributed to: Counselor \_\_\_\_\_ Team/Teacher \_\_\_\_\_

Sped Ed (ESC) \_\_\_\_\_ Case Manager \_\_\_\_\_ Psychologist \_\_\_\_\_ Speech Path \_\_\_\_\_