



SOUTH EASTERN SPECIAL EDUCATION

Serving Clay, Crawford, Jasper, Lawrence, and Richland Counties

JILL KELLER - WEEMS, DIRECTOR

REQUEST AND CONSENT FOR RELEASE OF RECORDS OF PARENT OR STUDENT BY SOUTH EASTERN SPECIAL EDUCATION

The undersigned parent [or student if 18 or in attendance at a postsecondary educational institution] hereby requests, authorizes and consents to the release of the education records regarding [redacted] [name of student] By South Eastern Special Education or a member school district thereof.

The specific education records to be released are as follows:

Grades, psychologicals, health records and other supportive services reports

Refusal to give consent will result in your child not being able to participate in the Secondary Transitional Experience Program (STEP) during the 2019-2020 school year.

The specific education records designated above are to be released and disclosed only to [Name(s) and address(es) or recipient(s)]:

South Eastern Special Education
P.O. Box 185
Ste. Marie, IL 62459

Department of Human Services
Division of Rehabilitation
1112 South West Street
Olney, IL 62450

If this consent has been requested of me, I understand that I have the right not to consent to this release of records. If this release of records is to a person other than myself, I understand that a copy of the records must, upon request, be provided to me.

[redacted]

Parent or Student**

**Student must be 18 years of age to sign

Date

P.O. BOX 185 ■ STE. MARIE, IL 62459 ■ 618-455-3396 ■ FAX 618-455-3134

South Eastern Special Education does not discriminate on the basis of race, color, religion, sex, age, handicap or national origin in the provision of educational services or in the participation in educational services as required by federal and state laws.

Documentation of Compliance and Record of Release

The Undersigned certifies that the request, authorization and consent to release of education records was compiled with on _____ [date] by:

- Mail Personal delivery to recipient Other (specify)

Date

Staff Signature and Position

NOTICE TO RECIPIENT OF STUDENT RECORDS

Attached hereto are educational records of _____ [name of student]
As requested by _____ [name of requestor] to be
provided to you. These records remain confidential.

Whether or not authorized by the parent or student, Illinois and federal law prohibit your redisclosure of these student records, or the information contained therein, except as permitted by law. Your receipt of these records is not authorization for re-disclosure.

South Eastern Special Education

Date

Staff Signature and Title