



SOUTH EASTERN SPECIAL EDUCATION

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

Kim Kessler, Director

REQUEST AND CONSENT FOR RELEASE OF RECORDS OF PARENT OR ELIGIBLE STUDENT (meaning 18 or older) BY SOUTH EASTERN SPECIAL EDUCATION

The undersigned parent [or student if 18 or older] hereby requests, authorizes and consents to the release of the educational records regarding _____ [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, psychological, health records, and other supportive services reports

Refusal to give consent will result in your child not being able to participate in the STEP program during the 2024-2025 school year.

The specific education records designated above are to be release and disclosed only to Name(s) and address(es) of 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. I understand that I may revoke this authorization at any time by notifying South Eastern Special Education in writing. I further understand that if I revoke this authorization, my revocation will not have an effect on any actions. South Eastern Special Education took in reliance upon my authorization before it received my revocation.

Parent or Student Signature

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 complied with on _____ [date] by:

☐ Mail ☐ Personal delivery to recipient ☐ Other (specify) _____

Staff Signature and Position

Date

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.

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

Staff Signature and Title

Date