

**BLOOMINGTON PUBLIC SCHOOLS/School District 87**

300 East Monroe Street, P.O. Box 249

Bloomington, Illinois 61702

Phone (309) 827-6031 Fax (309) 828-2917

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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: School/Agency/Individual: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
FAX: \_\_\_\_\_ 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: \_\_\_\_\_

Date records received: \_\_\_\_\_ By: \_\_\_\_\_

Records distributed to Counselor: \_\_\_\_\_ Team/Teacher: \_\_\_\_\_  
Sped Ed (ESC) \_\_\_\_\_ Case Manager \_\_\_\_\_  
Psychologist \_\_\_\_\_ Speech Path \_\_\_\_\_