

AUTHORIZATION FOR RELEASE OF INFORMATION

Pursuant to 20 ILCS 3955/14 et seq. this state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 740 ILCS 110/5 and 110/8; 105 ILCS 10/5 and 10/6 and 34 C.F.R. 99.30. Disclosure of this information is REQUIRED. Failure to comply may result in legal penalties.

I authorize _____

to release All records, incident reports, progress notes, social worker notes, nursing notes, evaluations and other documentation

about _____ Date of birth _____

to Illinois Guardianship and Advocacy Commission/Human Rights Authority or its designated representative

For the purpose of: Special Education Advocacy

This consent is valid until _____

I understand that I may revoke this consent at any time and that the above-named person authorized to receive this information and his/her parent, designated representative or guardian has the right to limit, consent, inspect, copy and challenge information in the records to be disclosed. It has been explained to me that if I refuse to consent to this release of information, the following are the consequences.

(specify, if any)

I certify that I am the parent or legal guardian of the above named student authorized to sign this release.

(witness signature)

(parent/legal guardian signature)

(date)

(date)

(witness signature)

(ward/minor 12 or over signature)

(date)

(date)

NOTICE TO RECEIVING AGENCY/PERSON: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, you may not redisclose any of this information unless the person who consented to this disclosure specifically consents to such redisclosure.

Under the Federal Act of July 1, 1975, Confidentiality of Alcohol and Drug Abuse Patient Records. no such records, nor information from such records may be further disclosed without specific authorization for such redisclosure.