

**CONSENT FOR RELEASE OF INFORMATION
TO THE SOUTHWEST COOPERATIVE**

I hereby consent and request _____
(Name and Address of Physician or Agency)

to release any information they may have pertaining to the case of

NAME: _____
DATE OF BIRTH: _____
AGENCY CASE #: _____ SOCIAL SECURITY #: _____

to the Southwest Cook County Cooperative Association for Special Education, Office of the Director, 6020 West 151st Street, Oak Forest, Illinois 60452. These records are requested for the purpose of planning the student's program.

Specific information requested:	Dates Needed
_____ Complete Eligibility Determination Reports	from _____ to _____
_____ Health Records (incl. immunizations)	from _____ to _____
_____ IEP's	from _____ to _____
_____ Medical Records	from _____ to _____
_____ Multidisciplinary Staff Reports	from _____ to _____
_____ Psychological Reports	from _____ to _____
_____ Report Cards/Progress Reports	from _____ to _____
_____ Social Worker Reports	from _____ to _____
_____ Therapy Reports	from _____ to _____
_____ Others (please specify) _____	

Release effective ____/____/____ through ____/____/____

Signature: _____ Relationship: _____
(Parent/Guardian)

Student's Signature: _____ Date: ____/____/____
(if over 12)

Signature of Adult Witness (If signed by Student over 12): _____

Consent Requested by: _____

Cc: Parent
Student file (staple to back)

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On releasing student records, you have the right:

- 1. To inspect and copy such records**
- 2. To challenge the contents of such records**
- 3. To limit any such consent to designated records or designated portions of information within the records.**
- 4. To revoke the consent in writing at any time**
(Note: revocation may result in a delay in special education program/ related service or student not receiving appropriate service.)

SWCCCASE cannot be held responsible for the expediency of the transfer of information between agencies

STUDENT RECORDS:

- 1. Right to inspect and review records**
- 2. Right to obtain copies of records at cost or at no cost, depending on ability to pay**
- 3. Right to be informed of all types and locations of records being collected, maintained or used by the agency**
- 4. Right to ask for an explanation of any item in the records**
- 5. Right to ask for an amendment of any record on the grounds it is found inaccurate, misleading or violates privacy rights**
- 6. Right to a hearing if the agency refuses to make the requested amendment.**

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