Alden-Hebron Community Consolidated Unit Schools District #19 Hebron Illinois 60034

ELEMENTARY SCHOOL 11915 Price Road Hebron, IL 60034 815/648-2442 DISTRICT ADMINISTRATIVE OFFICE 11915 Price Road Hebron, IL 60034 815/648-2442 Fax: 815/648-2339 MIDDLE/HIGH SCHOOL 9604 Illinois St. Hebron, IL 60034 815/648-2442

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Name o	of Student:	DOB
Parent/	Guardian:	
Addres	s:	
	rize Alden-Hebron Schools to release information regarding the above named student from	ation regarding the above named student to, and/or receive n:
This inf	ormation will be used for the purpose of mak	ing appropriate educational decisions for this student.
RELEA	SE THE FOLLOWING INFORMATION:	
	Individual Education Program (IEP)	
	Multiple Disciplinary Conference (MDC)	
	Social Work Assessment	
	Speech, Physical, or Occupational Therapy	y Evaluations/Reports
	Psychological Evaluations	
	Educational Evaluation and Reports	
	Specialized Evaluations: Psychiatric, Audio	ological, Vocational Assessment
	Behavior/Disciplinary Records	
	Other:	
Signe	.q.	
Cigile	(Parent/Legal Guardian/Student if 18 years of	age or older) (Specify if Parent/Legal Guardian/Student)
Date:		
Pleas	e send records/information to:	
Mrs. Katie Beck		Phone: 815-648-2442
Alden-Hebron SD #19		Fax: 815-648-2339

Email: kbeck@alden-hebron.org

Mrs. Katie Beck Alden-Hebron SD #19 Special Education Coordinator 11915 Price Road Hebron, IL 60034