

COMMUNITY UNIT SCHOOL DISTRICT #3, FULTON COUNTY
652 E. MAIN STREET
CUBA, IL 61427

PARENT/GUARDIAN AUTHORIZATION
FOR EXCHANGE/RELEASE OF INFORMATION

I hereby authorize:

_____ (name of facility to release information) _____ (address)

to release the information requested regarding my child:

DOB: _____

**TO: Angela Simmons-Kenser, Principal
Cuba Elementary School
652 E Main St
Cuba, IL 61427**

- | | |
|--|---|
| _____ Psychological Reports | _____ Social Developmental Reports |
| _____ MDC Reports | _____ Medical Reports |
| _____ IEP Reports | _____ Additional Case Study Information |
| _____ Test Results
(I.Q., Vision, Speech, Audiological) | _____ Permanent/Temporary Academic Records |
| _____ Other | _____ Health, Immunization & Dental Records |

I understand that my permission covers the release of permanent and temporary records, as well as the release of confidential records and reports. Also, I understand that I have the right to inspect and copy school records, to challenge the contents of these records, and/or limit this consent to specific records.

Signature of Parent/Guardian or
Adult Student over age 18

Date

Address

Phone