

**MAHOMET-SEYMOUR COMMUNITY UNIT SCHOOL DISTRICT #3**  
**101 N. Division, PO Box 229**  
**Mahomet, IL 61853**

**Authorization to Release Confidential Information**

*As parent/guardian of the student named below, please be informed that:*

1. *You have the right to inspect and copy any or all school records pertaining to your child.*
2. *You have the right to challenge the contents of such records.*
3. *You have the right to limit this release to designated records or designated portions of information within the records.*
4. *You have the right to refuse to allow information from the records to be given to anyone, except:*
  - a. *Appropriate school personnel.*
  - b. *Illinois State Board of Education personnel.*
  - c. *In emergency situations when the information is necessary to protect the health or safety of your child or other persons.*
5. *This release is valid for only one year from the date of your signature.*
6. *Information can be released only to those agencies/persons specified below, and no information can be released to third parties without your prior written consent.*
7. *Information released may become part of your child's temporary school record.*

*To further protect your rights, make sure that all blanks on this form are filled in before you sign. Signify your approval of all check marks with your initials.*

I authorize \_\_\_\_\_

\_\_\_\_\_ to release information to:

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

\_\_\_\_\_ to exchange information with:

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

regarding \_\_\_\_\_ Clinic or File Number \_\_\_\_\_  
(name of student)

Information to be released/exchanged will be limited to those of the following which are initialed by parent/guardian.

\_\_\_\_\_ Psychological records

\_\_\_\_\_ Educational records

\_\_\_\_\_ Social work records

\_\_\_\_\_ Occupational/physical therapy records

\_\_\_\_\_ Medical records

\_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_ Speech/hearing records

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_