

INSTRUCTIONS:
Authorization for Release of Records and Communications by School District

1.
 - Fill in your name;
 - Identify your relationship to the student whose records are the subject of this request;
 - Identify to whom you are authorizing the release of records and/or allowing to communicate with the recipient;
 - Fill in the name and date of birth of the student whose school records and/or communications are subject of this request; &
 - Fill in the purpose of this authorization for release of school records and/or communications (such as educational planning, legal representation).
2. Fill in the name(s), title(s), telephone number(s), and address(es) of the recipient(s) of the school records and/or communications to be released.

NOTE: The recipient may be an agency or specific individual(s) at an agency.

3. Circle all applicable methods by which the school records and/or communications may be disclosed or obtained.
4. Complete the calendar date (month, day, and year) on which this authorization will expire.

IMPORTANT: You have the right to revoke this consent at any time by submitting a written revocation to the Records Custodian; however, any information already released prior to revocation is non-revocable.

*NOTE: • This authorization will automatically expire upon this date unless a written revocation has been sent/delivered to the school's Records Custodian or other indicated party beforehand.
• If a specific department or individual is known to be the records custodian for whom you are authorizing to release school records and/or communications, fill in their name.*

RECORDS TO BE RELEASED:

- If you would like to limit the released school records and/or communications to only those from a specific time period, fill in a calendar date range.
- Select each type of record that will be released to the designated recipient under this authorization.

NOTE: Any and all records, whether in paper or digital form, selected under this section shall be subject to release under this authorization.

IMPORTANT: If you *DO NOT* wish to have sensitive information regarding mental health, developmental disabilities, alcohol/substance abuse, HIV/AIDS, exposure to sexually transmitted diseases, or other sensitive categories, select each of these categories that you wish to exclude from release.

*NOTE: • If there is a specific report/evaluation you are seeking from a third party, select "Reports/Evaluations Received From:" and fill in the institution/agency/individual's name.
• Screening records may include observational and/or other brief assessment data for developmental delays; the need for related services such as Occupational Therapy, Physical Therapy, Speech Language or Social Work services; or the need for academic or behavioral interventions.
• Examples of records and/or communications that fall within the "other" category include records and/or communications such as: student work samples; behavior data; correspondences (email or otherwise) between the district, student, parent/guardian/primary caretaker, and/or another party.*

5. Read each acknowledgment and, if applicable, fill in the consequences of refusing to consent to the release of these records. This section should be completed by school district users. Parents who may be completing this form are advised to ask the District if there is any potential consequence for limiting the release.

NOTE: School districts may not refuse to provide necessary services on the basis of a refusal to release specific information, although the refusal may impact the nature and scope of services otherwise required to be provided.

SIGNATURES:

- **Authorized signature:** parent, guardian, primary caregiver, or student for whom parental rights have transferred (18 years of age or older, married, graduated or entered into military service, emancipation order authorizing educational decision making) to sign and date here.
- **Signature of minor 12 years of age or older:**
 - Mental Health and Developmental Disability Records. Under the *Mental Health and Developmental Disabilities Confidentiality Act* a minor who is 12 years of age or older **must be advised of and not object to** the release of his/her mental health or developmental disability records, including the fact of receipt of services. 740 ILCS 110/5(d). Having the minor sign the consent form is a means by which no objection is recorded. Parents, however, cannot be prohibited by the minor from having access to the following information regarding their child, upon request: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including medication, if any. Id. at 110/4(a)(3).
 - Substance Abuse Records. Substance abuse records include records regarding alcohol or drug abuse assessment or treatment, including the fact that an individual may have sought such assistance. Federal laws governing substance abuse records grant minors who have sought or received substance abuse services the right to control access to these records, to the extent state law authorizes minors to consent to treatment for substance abuse without parental consent. 42 CFR 2.14(b). *See also*, 20 ILCS 301/30(bb)(requiring disclosure of records consistent with rules set forth in federal law.) In Illinois, the *Consent by Minors to Medical Procedures Act* authorizes minors 12 years of age or older to obtain substance abuse services absent parental consent for their own substance abuse concerns or that of family members. The minor's consent is necessary to inform or otherwise involve parents in the minor's treatment, unless the authorized treating health care provider determines parent notice is necessary to protect the safety of the minor, a family member, or another individual. 410 ILCS 210/4 & 5.
 - HIV Records. Who holds the right to consent to release of information regarding HIV/AIDS services to minors will be controlled by the facts in any given case and the context in which the information arises. The *AIDS Confidentiality Act* prohibits the release of information by any person regarding testing or treatment of individuals for HIV absent specific written authorization signed by the individual treated or that person's legally authorized representative or other specific legal authority. *See*, 410 ILCS 305/9(1)(stating "no person may disclose or be compelled to disclose HIV related information...") The treating health care provider who ordered an HIV test may inform parents of minors under the age of 18 of positive test outcomes only when the health care provider determines it is in the best interest of the minor to do so and reasonable efforts to get the minor to self-disclose have been unsuccessful. 410 ILCS 305/9(1)(k). Generally, a parent or legal guardian of a minor is considered to be a legally authorized representative, unless another law specifically limits the parent/guardian's authority in this regard. Examples of such laws include the mental health, developmental disability, substance abuse and exposure to sexually transmitted diseases laws discussed herein.
 - Exposure to Sexually Transmitted Diseases. The *Consent by Minors to Medical Procedures Act* authorizes minors 12 years of age or older to obtain medical and counseling services absent parental consent when they have or may have been exposed to sexually transmitted diseases. 410 ILCS 210/4 & 5. Certain health care providers involved in counseling a minor who has been exposed to sexually transmitted diseases may, but need not, advise parents of the treatment provided or needed.
- **Signature of Witness:** The *Mental Health and Developmental Disabilities Confidentiality Act* requires the signature and date of signature by a witness who can attest to the identity of the person entitled to release mental health records. 740 ILCS 110/5(d).