Mahomet-Seymour CUSD #3

AUTHORIZATION FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

NAME OF STUDENT	BIRTH DATE	STUDENT ID
ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE
CURRENT GRADE LEVEL	YEAR OF GRADUATION	WITHDRAWAL DATE

As the parent or legal guardian of the above named child, I hereby grant my permission to the Mahomet-Seymour CUSD #3 to release/exchange all records concerning the above named student (please check below):

☐ Scholastic ☐ Health ☐ Psychological ☐ Other: ______________________________

(Specify)

to/with ____

School/Employer/Agency, etc. Address

I understand that my permission covers the release/exchange of permanent and temporary records, as well as the release/exchange of confidential records and reports. I also 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 or portions of records which I have designated above. In addition, I understand I have the right to request a hearing to determine the status of such information and that, at anytime during the period of permission granted, I may revoke this permission.

Please send these records to:

NAME ______________________________

AGENCY ______________________________

ADDRESS ______________________________

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This authorization terminates __________ calendar days from the date of permission.

______________________________ Date of Permission

______________________________ Signature of Parent/Guardian or Adult Student Over Age 18

cc: Student's temporary record
Student's central file