CONSENT FOR RELEASE OF PROTECTED EDUCATIONAL,
MENTAL/PHYSICAL HEALTH AND LEGAL INFORMATION

_____ _____
Student's Name Date of Birth

I authorize and request, the free oral and/or written exchange of the following protected Educational, Mental/Physical Health and Legal Information regarding the student named above:

□ Individualized Educational Plans (IEP)	□ Therapeutic Summaries	□ Psychiatric Reports
□ Educational Reports and information	□ Progress Reports and information	□ Discharge Summaries
□ Disciplinary Reports	□ Psychological Evaluations	□ Medical/Physical Forms
□ Social History	□ Legal/Court Reports	□ Hearing/Vision Reports
□ Monthly Progress notes to Prescribing MD's	□ Other: _____	□ Medication/Health records

This information will be released from:

_____
_____
_____
Phone: _____
Fax: _____

TO: **The Winston Knolls School**
1500 Executive Dr.
Elgin, IL 60123
(630) 283-3221
(630) 283-3482

AND

Your Child's Home School District:_____

This information will be released from:

The Winston Knolls School
1500 Executive Dr.
Elgin, IL 60123
(630) 283-3221
(630) 283-3482

TO: _____
_____
_____
Phone: _____
Fax: _____

AND

Your Child's Home School District:_____

I understand that this authorization will be valid 364 days from the date of signature. It is limited to only the information designated above, which will be released from, and to, only the individual(s) agencies and school(s) named herein. The purpose of this release of information is to assist in providing continuity of care, instructional and healthcare planning. I understand that I have the right to inspect and copy the information disclosed. I understand that my refusal to consent to the release of the information specified above will prevent disclosure of such material to the individual(s) and school(s) named herein, with the potential consequence of reduced accuracy and quality/completeness of care provided. I understand that I have the right to revoke the consent contained herein. This revocation must be in writing. I certify that I am the parent or legal guardian of the above-named student and have the authority to sign this release.

_____ _____
Signature of Parent Date

_____ _____
Signature of Student (if 12 years or older) Date

_____ _____
Witness Date