



Oak Park Elementary School District 97

260 W. Madison ▪ Oak Park ▪ Illinois ▪ 60302 ▪ ph: 708.524.3000 ▪ fax: 708.524.3014 ▪ www.op97.org

Consent to Release Protected Educational, Mental/Physical Health and Legal Information

Student's Name

Date of Birth

I authorize and request, the release of the following protected Educational, Mental/Physical and Legal information regarding the student named above:

- Individual Educational Plan (IEP)
- Educational Reports
- Disciplinary Reports
- Social Histories
- Other: _____

- Therapeutic Summaries (OT/PT)
- Progress Reports
- Psychological Evaluations
- Legal/Court Reports
- Other: _____

- Psychiatric Reports
- Discharge Summaries
- Medical/Physical Forms
- Hearing/Vision Reports
- Other: _____

This information will be released from:

Phone: _____

Fax: _____

This information will be released to:

Oak Park Public Schools District 97
260 W. Madison Street
Oak Park, IL 60302
Phone: (708) 524-3030
Fax: (708) 524-3014

This information will be released from:

Oak Park Public Schools District 97
260 Madison Street
Oak Park, IL 60302
Phone: (708) 524-3030
Fax: (708) 524-3014

This information will be released to:

Phone: _____

Fax: _____

This authorization expires one year from the date indicated below. It is limited only to the information listed above, which will be released from, and to only the individuals, agencies and/or schools named above. The purpose of this release of information is to assist in providing continuity of care. I understand I have the right to revoke this authorization at any time by submitting a request in writing. I also 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 materials to the individual(s) and school(s) named herein, with the consequence of reduced accuracy and quality/completeness of care provided.

Signature of Parent/Guardian: _____ Date: _____

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

Witness: _____ Date: _____