



**Consent for Disclosure of School Student Records and Information  
Including Mental Health  
and Developmental Disability Information**

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*\*Please complete a separate form for each outside agency.*

I hereby grant my consent to the Board of Education of Wilmette Public School District 39 to disclose any and all of the information set forth below to the recipient identified here:

- Name:**
- Address:
- Fax:
- E-mail:
- Phone Number:**

Information to be Disclosed:

The purpose for this disclosure is (check all that apply):

<input type="checkbox"/> to collaborate for educational planning	<input type="checkbox"/> to accommodate a private evaluation
<input type="checkbox"/> to collaborate for home planning	<input type="checkbox"/> to accommodate a school observation request
<input type="checkbox"/> to explore options for school placements	
<input type="checkbox"/> Other:	

If I do not grant this consent, these records will not be released to the recipient, and there will be the following consequences:

Limited collaboration for educational planning

Other:

This consent is valid for the current school year, and may be revoked at any time in writing.

I also understand that I have the right to inspect and copy such records, to challenge their contents and to limit any such consent to designated records or designated portions of the information contained therein in accordance with the Illinois School Student Records Act. 105 ILCS 10/1 etc.

**Parent/ Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: If the student is between ages 12 and 18, both the parent's and student's signatures are needed.