OCEC

Ogle County Educational Cooperative

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# Consent to Disclosure of School Student Records and Information Including Mental Health and Developmental Disability Records & Information

**Student's Name:** Click here to enter text.
**Date of Birth**: Click here to enter a date.

I hereby grant my consent to Click here to enter text.**[insert name]** and its administrators, employees, attorneys, and agents to freely communicate with and release records and exchange any and all of the information set forth below with the below-identified recipient:

**Recipient**

Name: Click here to enter text.
Address: Click here to enter text.
Phone: Click here to enter text.
Email: Click here to enter text.

**Information that may be disclosed to/from Recipient**

1. The complete student records for the above-named student, including but not limited to any documents created by the Click here to enter text.**[District or Cooperative]**, pursuant to the *Illinois School Student Records Act*, 105 ILCS 10/1 *et seq*.

2. All documents, communications, and information from a therapist, doctor, or hospital, which may be deemed mental health records under the *Illinois Mental Health and Developmental Disabilities Confidentiality Act*, 740 ILCS 110/1 *et seq.*

The purpose for this disclosure is: Click here to enter text.

I understand I have the right to inspect, copy, and challenge the information and records to be disclosed pursuant to this consent. If I do not grant this consent, this information will not be discussed with and the records will not be released to the identified recipient, but I will not suffer any other consequences. This consent is valid for one calendar year from the date set forth below and may be revoked at any time in writing.

_____ _____

Parent/Guardian Signature Date

*Note: If only records and information pursuant to ISSRA are being exchanged, only the signature of the parent/guardian is required. If the student has an IEP, mental health records and information pursuant to the MHDDCA must be provided to the parent/guardian, regardless of the student's age, without the student's notification and consent. If the student does* ***not*** *have an IEP: If mental health records and information pursuant to the MHDDCA are being exchanged, only the parent's/guardian's signature is needed if the student is under age 12. If the student is between ages 12 and 18, both the parent's/guardian's and student's signature are needed. If the student is age 18 or over, only the student's (or if the student has been judged to be incapacitated by a court, the guardian's) signature is required.*

Student Signature

Date



*Note: If only records and information pursuant to ISSRA are being exchanged, only the signature of the parent/guardian is required. If the student has an IEP, mental health records and information pursuant to the MHDDCA must be provided to the parent/guardian, regardless of the student's age, without the student's notification and consent. If the student does* ***not*** *have an IEP: If mental health records and information pursuant to the MHDDCA are being exchanged, only the parent's/guardian's signature is needed if the student is under age 12. If the student is between ages 12 and 18, both the parent's/guardian's and student's signature are needed. If the student is age 18 or over, only the student's (or if the student has been judged to be incapacitated by a court, the guardian's) signature is required.*