Glencoe District 35

Consent for Communication and Disclosure of School Student Records and Information

Student Name:_____ Date of Birth:_____

I hereby grant my consent for Glencoe School District 35 and its administrators, employees, and agents to communicate with and disclose records to the below identified recipient:

Recipient: _____

Telephone Number: _____

Email Address:_____

Address:_____

Information to be disclosed to/from recipient:

- The complete student records for the above-named student, including but not limited to any documents created by the District pursuant to the Illinois School Student Records Act, 105 ILCS 10/1 et seq.
- 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.
- Records may include mental health and developmental disability information.
- I understand I have the right to inspect, copy and challenge the information to be disclosed pursuant to this consent. If I do not grant consent, these records will not be released. This consent is valid for one calendar year and may be revoked at any time.

Date: _____

Parent/Guardian Signature: _____

Student Signature: _____
(Only necessary if 12 or older)

Note: If only records and information pursuant to ISSRA are being exchanged, only the signature of the parent/guardian is required. If the student is between ages 12 and 18, and mental health records and information pursuant to the MFDDCA are being exchanged, both the parent's/guardian's and student's signature are needed.