

Community Unit School District 200

130 W. Park Avenue · Wheaton, IL 60187-6400 · Phone 630/682-2000 · Fax 630/682-2227

Authorization to Release/Exchange Information and Records

ID# _____
Grade _____

New Student _____
Re-Enroll _____
Withdrawal _____

We, the undersigned, authorize information and records to be released/exchanged between Wheaton Warrenville Community Unit School District 200 and the following entity/agency/individual

RE: _____
Student Name

TO: _____
Name/School

Birth Date

Address

Phone _____ Fax

The signature(s) below give permission to School District 200 and to the entity/agency/individual listed above to release/exchange confidential information and records as described herein regarding the above named student. The individual authorizing the release/exchange of records has the right to inspect and copy the information and records to be released, challenge their contents, limit consent to designated records or portions of the information contained in the records, and revoke his/her consent in writing any time.

Description of information and records to be released:

The purpose of the release/exchange of information and records described above is _____. The consequences of my/our refusal to consent to this release/exchange of information, if any, are _____.

This Authorization to Release/Exchange Information and Records expires one year from the date below. However, I/we understand that I/we have the right to revoke this consent at any time.

Parent/Legal Guardian

Date

Student (required if student is 18 years of age or older, or if student is 12 through 17 years of age and mental health, or developmental disability information or records are being released or exchanged)

Date

Witness

Date

Please mail records to: _____

Mailed: _____
Received: _____