

## **RURAL CHAMPAIGN COUNTY SPECIAL EDUCATION COOPERATIVE**

807 N. Mattis Ave, Champaign, IL 61821 217-892-8877 FAX: 217-893-8627

## CONSENT FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

NAM	IE OF STUDENT			BIRTHDATE
ADD	RESS		TELEPHONE	STUDENT ID NUMBER
CUR	RENT GRADE LEVEL	YEAR	R OF GRADUATION	WITHDRAWAL DATE
	e parent or legal guardian of the al tion Cooperative (RCCSEC) to relea			to the Rural Champaign County Special ed student (please check below):
	Scholastic	Health	Psychological	Other
to/with	1			
	School/Employer/Age	ncy, etc.	Ado	Iress
these unders permis neede  I unde  Det  Det  Dev  Dev	records and/or limit this consent t stand I have the right to request a h	o specific records learing to determine hission. Failure to record we used for the follocation, EI/ECSE evels of performa	or portions of records which I e the status of such information release the required information release the status of the records in the	
Pleas	se send these records to:	NAME		
		AGENCY		
		ADDRESS		
This authorization terminates one year from			Signature of Par Adult Student Ov	
	Date of permission		Addit Olddon O	51, 1 <del>9</del> 5 15,
cc:	Student's temporary reco	rd		
	Dist. File RCCSEC		Witness	Date