

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 a tition Cooperative (RCCSEC) to release			to the Rural Champaign County Special ed student (please check below):
	Scholastic	Health	Psychological	Other
to/with	h			
	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 nission. Failure to record to e used for the follocation, EI/ECSE evels of performa	or portions of records which I the status of such information release the required information release the required information relowing purposes (check all that, or other services nce	
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 Olddellt Ol	rei rige iu
cc:	Student's temporary reco	ord		
	Dist. File RCCSEC		Witness	Date