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East Moline, IL 61244
309-796-2500
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Dr. Kathy Ruggeberg
Director

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

I, _____, parent legal guardian surrogate parent student (over 18),
authorize **Black Hawk Area Special Education District** to exchange records/information checked below,
regarding,

_____, _____/_____/_____, with _____
STUDENT BIRTHDATE NAME

_____, _____
TITLE PHONE

AGENCY, STREET ADDRESS, CITY, STATE, ZIP CODE

for the purpose of _____.

NOTE: Non-public school agencies, private providers and such that do not accept this form, must provide their own.

RECORDS/INFORMATION TO BE EXCHANGED

I authorize the exchange of all school student records and information.

I authorize the release of the following student records, as designated below. Records can be exchanged verbally or in written form.

- Academic Transcript Psychiatric Social/Behavioral
- Attendance Psychological Special Education/IEP
- Audiology, Speech, Physical or Occupational Therapy Evaluations/Reports
- Disciplinary Information
- Educational Evaluation & Reports
- Medical/Health
- Other: _____

This consent is valid until _____/_____/_____.

I understand that I have the right to inspect, copy, and challenge the content of the school student records/information for which I am authorizing exchange. I also have the right to designate the school student records/information to be exchanged or to identify specific portions of a school record/information to be exchanged by this consent. Any such limitations have been noted above. I understand that, by written request, I may revoke this consent at any time except to the extent to which action has already been taken on this authorization.

PARENT SIGNATURE

DATE

STUDENT SIGNATURE (if age 12 or older)

DATE