

# Consent for Exchange of Information

Hammitt Elementary School - 108 E. Willow St. - Normal, IL 61761 309-452-1170

I, \_\_\_\_\_, hereby give consent to: \_\_\_\_\_ and \_\_\_\_\_

Hammitt Elementary School

to exchange information concerning \_\_\_\_\_ D.O.B. \_\_\_\_\_

### Please return to Hammitt Junior-Senior High School

\*Indicate the Type and Time Frame of Requested Information\*

1. Medical (specify) \_\_\_\_\_

2. Psychiatrist/Psychological (specify) \_\_\_\_\_

3. Education (specify) \_\_\_\_\_

4. Social History/Assessment (specify) \_\_\_\_\_

5. Financial (specify) \_\_\_\_\_

6. Other (specify) \_\_\_\_\_

The purpose for requesting this information:

- Casework Planning
- Provision of Social Services
- Provision of Special Education and Services to Families
- Other (specify) \_\_\_\_\_

It is understood that the person authorizing release of this information has the right to inspect and copy the information to be disclosed and that this information will not be redisclosed without proper authorization.

(For release of mental health materials) - The consequences, if any, of not signing this release are: \_\_\_\_\_

This consent is valid until \_\_\_\_\_ and may be revoked at any time except to the extent that action has already been taken.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

My relationship to the person about whom information is to be released is: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of person 12 years or older for release of his/her mental health materials)

Witness \_\_\_\_\_ Date \_\_\_\_\_