

# Heritage School District #8

## Records Release Form Authorization to Release Student Records

As a parent/guardian of the student(s) named below, please be informed that:

1. you have the right to inspect and copy any or all school records pertaining to your child;
2. you have the right to challenge the contents of such records;
3. you have the right to limit this release to designated records or designated portions of information within the records;
4. you have the right to refuse to allow information from the records to be given to anyone, except:
  - a. appropriate school personnel
  - b. Illinois State Board of Education personnel
  - c. in emergency situations, when the information is necessary to protect the health or safety of your child or other persons.

I authorize (previous school): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to release/exchange the following information regarding:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

To: _____	Heritage School District #8 JH/Elementary School 512 West First Street Homer, IL. 61849 P:217-896-2421 F:217-896-2715	_____	Heritage School District #8 High School 206 E Diller Street Broadlands, IL 61816 P:217-834-3393 F:217-834-3016
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\_\_\_\_\_ Copies of permanent student records

\_\_\_\_\_ Special Education – MDC & IEP Form

\_\_\_\_\_ All temporary student records except the items crossed out below:

psychological records  
social work records  
medical records  
speech/hearing records

aptitude and achievement test records  
occupational/physical therapy records  
special education records  
other: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_