

MORTON UNIT DISTRICT #709
Morton, IL 61550

Current Date _____

I give my permission for Morton CUSD 709 to release to OR secure from
(circle one)

(Name of School, Agency, or Person)

(Address)

Information regarding: _____
(Student Name) (Date of Birth)

Release to Secure from

| | | |
|-------|-------|----------------------------------|
| _____ | _____ | Verbal Exchange of Information |
| _____ | _____ | Regular Division Student Records |
| _____ | _____ | Academic Records |
| _____ | _____ | Health & Medical Records |
| _____ | _____ | Psychological Reports |
| _____ | _____ | Social Developmental Reports |
| _____ | _____ | Speech & Language Reports |
| _____ | _____ | Occupational Therapy Reports |
| _____ | _____ | Other |

I understand that I have the right to review and possibly challenge such records before they are released, and:

1. _____ I hereby **waive** that right
2. _____ I hereby **request** an appointment to review and/or challenge the records
(form DF 15k should be completed)
3. _____ I wish to receive a copy of the records

(Signed: Parent/Guardian/Self)

(Address)

Please send records to:

Morton Jr. High School
225 E. Jackson
Morton, IL 61550

Phone: (309)266-6522
Fax: (309)284-5031

Person requesting information: _____

(Request remains valid for 360 days)

(Signature)

(Title)