



REQUEST FOR RELEASE OF INFORMATION

UIC Code: _____ Birthdate: __/__/____ Date: __/__/____

Student Last Name: _____ First: _____ Middle: _____

We are requesting specified information and records **from**:

Name: _____ School/Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

We are requesting indicated information and records **sent to**:

Name: _____ School/Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Requested information and records:

Ongoing two-way written communication: _____

Ongoing two-way verbal communication: _____

Most recent progress reports and notes: _____

Current Individualized Education Plan (IEP): _____

Most recent evaluation team and diagnostic findings: _____

How disability affects ability to complete tasks and activities of daily living: _____

It is my understanding the released information will be used in the educational planning for the above named person and all reports requested will be shared with the parent and/or student if 18 years of age or older.

This authorization is valid for one year from the signature date of the Parent/Guardian/Surrogate or Student.

I authorize the use of photocopy and/or e-mail of this form for the release or disclosure of the information described on this form. I understand this authorization, except for action already taken, may be voided by me at any time. Notification to revoke consent must be in writing.

Signature of Parent/Guardian/Surrogate or Student if over 18 years

Date