Livingston County Special Services Unit

Dr. Joshua R. Olsen
Executive Director
Tina Butterbrodt
Assistant Director
Mark Jontry
Regional Superintendent
Todd Bean
Board Chairman

920 Custer Avenue, Suite A – Pontiac, Illinois 61764
Phone: 815-844-7115 – Fax: 815-842-3170 – TDD: 815-842-3170
Website: www.lcssu.org.

Chris King
Thomas Proctor
Clark Reamer
Kristal Shelvin
Program Supervisors
Larry Piwnicki
Beth Anderson
Kim Hughes
Principals, Crossroads, LCA & SAILS

Parental Consent to Release or Obtain Records

Date: _____ Consent Expires: _____

Student's Name: _____ Birth Date: _____

I hereby authorize the release of information regarding the above name student.

To:
Attention: _____
_____
_____
_____

From:
Attention: _____
_____
_____
_____

Purpose for Disclosure: _____
_____

Indicate those items for which consent is given to release and/or obtain records:

_____ Case Study Evaluation and Multi-Disciplinary Staff Conference Report
_____ Psychological Report
_____ Psychiatric Report
_____ Social Work Report
_____ Family Background Data
_____ Medical Reports
_____ Consult w/Physician
_____ Individualized Education Program
_____ Health & Physical Record
_____ Student Academic Record (Student Permanent Record)
_____ Teacher and/or Counselor Observations, Ratings and Recommendations
_____ Speech/Language Reports
_____ Other

This consent may be modified or revoked by me at anytime upon written request to the party releasing the information, except to the extent that action has already been taken in reliance on this authorization. I understand that this information may not be forwarded to another individual, agency or organization without my written consent. I understand that I have the right to inspect, copy and challenge the information contained in the records received. I certify that I am the parent or legal guardian of the above named student and have the authority to sign this release. I understand that failure to consent to such release of information my have an impact on the quality of services to be provided but will not be grounds for termination of services by LCSSU.

_____ Signature of Parent/Guardian

_____ Signature of Witness

_____ Address

_____ Printed Name/Signature of Person Releasing Records

_____ Student Signature, if student is 18 years or older