

REQUEST OF STUDENT RECORDS



PARK RIDGE-NILES SCHOOL DISTRICT 64
8182 Greendale Avenue, Niles, IL 60714

Consent to Communicate and Disclose Student Records & Information Including Mental Health and Developmental Disability Information

Student Name: _____ Birth Date: _____

Recipient: (outside of District 64) _____

Address: _____

Information to be disclosed to/from recipient:

1. The complete student records for the above student, including but not limited to any document created by Park Ridge-Niles CCSD 64, pursuant to the *Illinois School Student Records Act*, 105 ILCS 10/1 *et seq.*
2. All documents and communications from a therapist, doctor, or hospital which may be deemed mental health records under the *Illinois Mental Health and Developmental Disabilities Confidentiality Act*, 740 ILCS 110/1 *et seq.*

The purpose for this disclosure is for _____

I understand that I have the right to inspect, copy and challenge the information to be disclosed pursuant to this consent. If I do not grant this consent, these records will not be released, but I will not suffer any other consequences. This consent is valid for one calendar year from the date set forth below and may be revoked at any time in writing.

I hereby authorize my Consent I hereby do not authorize my Consent

Signature of Parent/Guardian/Requestor Date (Copy of ID Required) Witness Signature

Signature of Student Date Witness Signature

Note: If only records and information pursuant to ISSRA are being exchanged, only the signature of the parent/guardian is required. If mental health records and information pursuant to the MHDDCA are being exchanged, only the parent's/guardian's signature is needed if the student is under age 12. If the student is between ages 12 and 18, both the parent's/guardian's and student's signature are needed. If the student is age 18 or over, only the student's (or if the student has been judged to be incapacitated by a court, the guardian's) signature is required.

To Previous School, please email all available records as listed above to: (email address)

Carpenter Elem School
300 N. Hamlin Ave.
Park Ridge, IL 60068
847-318-4370

Field Elem School
707 Wisner St.
Park Ridge, IL 60068
847-318-4385

Franklin Elem School
2401 Manor Lane
Park Ridge, IL 60068
847-318-4390

Roosevelt Elem School
1001 S. Fairview Ave.
Park Ridge, IL 60068
847-318-4235

Washington School
1500 W. Stewart Ave.
Park Ridge, IL 60068
847-318-4360

Jefferson School
8200 Greendale Ave
Niles, IL 60714
847-318-5360

Emerson M.S.
8101 N. Cumberland Ave.
Niles, IL 60714
847-318-8110

Lincoln M.S.
200 Lincoln Ave.
Park Ridge, IL 60068
847-318-4215

January 2024