

**SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY**

4812 W. Pfeiffer Road Bartonville, IL 61607  
Phone: (309) 697-0880 Fax: (309) 697-0884

**PERMIT TO RELEASE OR OBTAIN INFORMATION**

**STUDENT'S LEGAL NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

<b>STEP #1: PERSON COMPLETING FORM:</b>		
Name and/or District: <b>Sarah Moon, CCC-SLP on behalf of Brimfield School District and SEAPCO</b>		
Fax #: <b>309-446-9500</b>	Phone #: <b>309-446-3366</b>	Date of Request:

<b>STEP #2: SELECT THE INFORMATION TO BE OBTAINED/RELEASED: (please check all that apply)</b>			
<input type="checkbox"/> Psychological	<input type="checkbox"/> Social Development	<input type="checkbox"/> IEP Eligibility	<input type="checkbox"/> Physical and/or Occupational Therapy
<input checked="" type="checkbox"/> Speech & Language	<input type="checkbox"/> Medical/Health	<input type="checkbox"/> Phone Consultation Only	<input type="checkbox"/> Other (please list):

<b>STEP #3: OBTAIN RECORDS FROM: (please check one)</b>	
<input type="checkbox"/> SEAPCO	
<input type="checkbox"/> School – Name:	
Address/City/Zip:	
<input type="checkbox"/> Other – Name:	
Address/City/Zip:	

<b>STEP #4: RELEASE RECORDS TO: (please check one)</b>	
<input type="checkbox"/> SEAPCO:	
<input type="checkbox"/> Parent – Name:	
Address/City/Zip:	
<input checked="" type="checkbox"/> School/Facility Name	<b>Brimfield CUSD #309 on behalf of SEAPCO</b>
Address/City/Zip	<b>216 E. Clinton, Brimfield, IL 61517</b>
<input type="checkbox"/> Other: Name	
Address/City/Zip	

<b>STEP #5: SIGNATURE(S)</b>		
<i>I understand that I may review this information. I know that I may inspect and copy the records in my child's file and that I have the right to challenge the content of the file. Consent is valid for six (6) months from date of signature below.</i>		
_____	_____	_____
Parent/Guardian Name (please print)	Parent/Guardian Signature	Date
<b>NOTE: Psychological Report requests ONLY, student's signature must be obtained (age 12 &amp; up)</b>	_____	_____
	Student's Signature	Date

***** FOR OFFICE USE ONLY *****		
Date Request Received:	Date Records Sent:	Sent By: