



HAVANA COMMUNITY UNIT SCHOOL DISTRICT 126
 SPECIAL EDUCATION OFFICE
 801 E. LAUREL AVENUE
 HAVANA, IL 62644
 309-543-6637
 309-543-4984 (fax)

PERMIT FOR RELEASING/SECURING OF INFORMATION

I give my permission for:

_____ (agency or professional person)

_____ (address)

To SECURE from or RELEASE to
 (circle)

Rhonda Cameron, Director
 Havana C.U.S.D. #126
 801 E. Laurel Ave.
 Havana, Illinois 62644

information regarding: _____ DOB: _____
 (name)

Secure	Release
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Psychological Reports
 Social Developmental Reports
 Health & Medical Records
 Academic Records/Current IEP
 Speech & Language Reports
 Occupational & Physical Therapy Reports
 Other _____

I have been informed of my right to:

- a. Inspect and copy such records
- b. Challenge the content of the records

Signed: _____
 (parent/guardian/self)

Address: _____

Person requesting information: Rhonda Cameron

Date: _____

Request remains valid for one (1) year.