

**MORTON UNIT DISTRICT #709**  
**Morton, IL 61550**

Current Date \_\_\_\_\_

I give my permission for Morton CUSD 709 to release to OR secure from  
(circle one)

\_\_\_\_\_  
(Name of School, Agency, or Person)

\_\_\_\_\_  
(Address)

Information regarding: \_\_\_\_\_  
(Student Name) (Date of Birth)

Release to	Secure from	
_____	_____	Verbal Exchange of Information
_____	_____	Regular Division Student Records
_____	_____	Academic Records
_____	_____	Health & Medical Records
_____	_____	Psychological Reports
_____	_____	Social Developmental Reports
_____	_____	Speech & Language Reports
_____	_____	Occupational Therapy Reports
_____	_____	ISBE Student Transfer Form (IL Only)
_____	_____	Other

I understand that I have the right to review and possibly challenge such records before they are released, and:

1. \_\_\_\_\_ I hereby **waive** that right
2. \_\_\_\_\_ I hereby **request** an appointment to review and/or challenge the records  
(form DF 15k should be completed)
3. \_\_\_\_\_ I wish to receive a copy of the records

\_\_\_\_\_  
(Signed: Parent/Guardian/Self)

\_\_\_\_\_  
(Address)

**OFFICE USE ONLY**

Please send records to:	Jefferson Elementary School 220 E. Jefferson St. Morton, IL 61550	Phone: (309)263-2650 Fax: (309)284-3031
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Person requesting information: \_\_\_\_\_  
(Request remains valid for 360 days) (Signature) (Title) (Date)