



# REQUEST OF STUDENT RECORDS

PARK RIDGE-NILES SCHOOL DISTRICT 64  
164 S. Prospect Ave., Park Ridge IL 60068

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

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information (cell phone, fax, email): \_\_\_\_\_

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:

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

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