



# Illinois State Board of Education

100 W. Randolph St., Suite 14-300 • Chicago, Illinois 60601  
www.isbe.net

James T. Meeks  
Chairman

Tony Smith, Ph.D.  
State Superintendent of Education

**ILLINOIS STATE BOARD OF EDUCATION**  
**PUBLIC INQUIRY INTO SPECIAL EDUCATION POLICY AND PROCEDURES IN THE**  
**CHICAGO PUBLIC SCHOOLS**  
**STUDENT RECORD RELEASE FORM:**

**Consent to Communication and Disclosure of School Student**  
**Records and Information**  
**Including Mental Health and Development Disability Information**

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

I hereby grant my consent to Chicago Public Schools District #299 to disclose and communicate regarding any and all of the information set forth below to the below identified recipient:

Recipient: ILLINOIS STATE BOARD OF EDUCATION (ISBE) &  
ISBE PUBLIC INQUIRY TEAM

Address: 100 W. RANDOLPH STREET  
ATTENTION: OFFICE OF THE GENERAL COUNSEL  
SUITE 14-300  
CHICAGO, IL 60601

**CHECK HERE IF YOU WISH TO HAVE THESE DOCUMENTS RELEASED TO THE  
ADVOCACY GROUPS THAT ARE APPEARING AS A PARTY TO THE PUBLIC INQUIRY, CARE  
OF:**

Matt Cohen, Counsel  
Olga Pribyl, Counsel  
Ashley Fretthold, Representative  
Rodney Estvan, Representative

Information to be disclosed to recipient:

1. The complete student record of \_\_\_\_\_ (“the Student”), including but not limited to any documents created by Chicago Public Schools District #299, 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 Development Disabilities Confidentiality Act*, 740 ILCS 10/1 *et seq.*

The purpose of this disclosure is for:

CONSIDERATION OF THIS MATTER BY THE ISBE PUBLIC INQUIRY TEAM

If I do not grant this consent, these records will not be released but I will not suffer any other consequences. I understand that the Public Inquiry Team will not consider any information or testimony I may have provided related to my student if I do not sign this disclosure form. This consent is valid for one calendar year from the date set forth below, and may be revoked at any time in writing.

I also understand that I have the right to inspect and copy the information to be disclosed pursuant to this consent.

Guardian’s Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Student’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: If the student is under age 12, only the parent’s signature is needed. If the student is between ages 12 and 18, both the parent’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.