## 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)						
		(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 Other				

1	I hereby waive that right
2	I hereby <b>request</b> 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)				
Person requesting information: (Request remains valid for 360 days)	(Signature)	(Title)		

and: