

**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     |
| _____ | _____ | 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)

**Please send records to:**

Special Education Office  
1050 S. Fourth Ave., Suite 100  
Morton, IL 61550

Phone: (309)263-0522  
Fax: (309)284-5071

Person requesting information: \_\_\_\_\_  
(Request remains valid for 360 days)      (Signature)      (Title)