



Tazewell-Mason Counties Special Education Association
300 Cedar Street
Pekin, IL 61554
PH. 309/347-5164 * Fax 309/346-0440



MEDICAL AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

I authorize Tazewell-Mason Counties Special Education to release/obtain information from the following sources. I understand I have the right to inspect and copy the information disclosed to Tazewell-Mason Counties Special Education Association. I also understand that I may challenge the content of the records.

Student Name: _____ BD: _____

Physician/Agency: _____ Physician/Agency: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Physician/Agency: _____ Physician/Agency: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

<u>Release</u>	<u>Obtain</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Physician's Prescription
<input type="checkbox"/>	<input type="checkbox"/>	Health, Medical, and Surgical Records
<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy Reports
<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy Reports
<input type="checkbox"/>	<input type="checkbox"/>	Communication: Verbal & Written
<input type="checkbox"/>	<input type="checkbox"/>	Ophthalmology Reports
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Signature: _____
(Parent, Guardian)

Address: _____

Email: _____

Phone: _____

The above information is for the _____ school year.

Person requesting information: _____

**** Permission from TMCSEA must be obtained if there are any fees associated in obtaining information from the above mentioned Physicians and or Agencies. Please call 347-5164 for more information.**