



Tazewell-Mason Counties Special Education Association
 300 Cedar Street
 Pekin, IL 61554



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: _____

<u>Release</u>	<u>Obtain</u>	
[]	[]	Academic Records
[]	[]	Audiological Reports
[]	[]	Communication: Written & Verbal
[]	[]	Health & Medical Records
[]	[]	Occupational Therapy Reports
[]	[]	Ophthalmology Reports
[]	[]	Physical Therapy Reports
[]	[]	Physician's Prescriptions
[]	[]	Psychological Reports
[]	[]	Social Developmental Reports
[]	[]	Speech & Language Reports
[]	[]	Other: _____

Signature: _____
 (Parent, Guardian)

Address: _____

Email: _____

Phone: _____

The above information remains valid for one year of this date _____

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.**