

**Mid-Valley Special Education Cooperative**

*Serving the children and families of the Batavia, Central, Geneva, Kaneland and St. Charles Community School Districts*  
1304 Ronzheimer Avenue, St. Charles, IL 60174 Phone: (331) 228-4873 FAX: (331) 228-4874

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Release of Information (Student)

Name of Student \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

As my own legal guardian, I hereby grant permission to the Mid-Valley Special Education Cooperative to exchange confidential information concerning my education with:

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(Name of parents, school district, agency, physician, individual etc...)

The purpose of this authorization is: *participation in IEP meetings, 3year reevaluations and educational and transition planning*

Other: \_\_\_\_\_

I understand that my permission covers the release of oral and written information, including my permanent and temporary school records with Mid-Valley Special Education Cooperative.

I understand that I have the right to inspect, copy, or to challenge the contents of the records prior to the records being forwarded, and the right to revoke this permission at anytime.

This authorization terminates 365 calendar days from the date of permission.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of student 18 years or older)