

Pontiac Christian School Parental Consent to Release or Obtain Records

Student's Name:	birthdate:
I hereby authorize the release of information	on regarding the above named student.
School From:	School To: Pontiac Christian School Attn: Denise Plenert, principal 18034 N. 2100 East Road Pontiac, IL 61764
Indicate those items for which consent is g Basic identifying information Official student academic record (including grad	
Case study evaluation and multidisciplinary staf Psychological report Psychiatric report Medical reports Social Work Report	ff conference report
Individual Education Program (IEP) Teacher and/or counselor observations, ratings Speech/language evaluation Family background data Other pertinent records on file	and recommendations
that action has already been taken in reliance on this authorizat individual, agency, or organization without my written consent. information contained in the records received. I certify that I am authority to sign this release. Pontiac Christian School is a HIP.	on written request to the party releasing the information, except to the extent ion. I understand that this information may not be forwarded to another I understand that I have the right to inspect, copy and challenge the in the parent or legal guardian of the above named student and have the AA covered entity. In accordance with HIPAA (Health Insurance Portability ical/health records, the information will become part of the student's
Signature of Parent/Guardian	Relationship to Student
Address	
Date	
Denise R. Blenet	
Principal, Pontiac Christian School	