KENDALL COUNTY COURT SERVICES

807 W. John Street
Yorkville, IL 60560

Circuit Court for the 23rd Judicial Circuit

P 630-553-4180
F 630-553-4120

CONSENT TO RELEASE INFORMATION

1. I hereby authorize and direct: _____

   Facility/Agency/Person

   _____ _____ _____ _____
   Address   City   State   Zip

2. Check the item applicable:

   _____ To release information to: **KENDALL COUNTY COURT SERVICES** _____

   Receiving Facility/Agency/Person

   _____ To receive information from: _____

   Address _____

   City _____ State _____ Zip _____

   I understand that the information to be disclosed may be done in writing and/or by conversation.

3. For care and treatment of: _____ _____

   Name of Client   *D.O.B.*

   Alias _____

   Address _____

   City _____ State _____ Zip _____

4. During the following time period: _____

5. The disclosure of the above information is for the following purpose(s).

   _____

6. The authorized disclosure shall be limited to the following information:

   _____ Social History   _____ Anecdotal records   _____ Attendance/Grades
   _____ Medical evaluation/records _____ Disciplinary information   _____ Diagnosis/Recommendations
   _____ Psychological evaluations   _____ Special Education reports (including Staffing)   _____ Discharge Reports
   _____ Achievement testing   _____ Verified information from non-education agencies _____ Urinalysis Reports
   _____ Other(Specify): _____

   I understand that I have the right to inspect and receive a copy of any or all of the above records from agencies providing information.

7. I understand that if I refuse to authorize this disclosure: (If there are no consequences of failure to authorize, specify that there are none.)

   _____

8. Unless renewed, this authorization will automatically terminate upon the following date: _____

   I understand that I may revoke this authorization any time before the expiration date (except to the extent that actions have been taken in reliance on it) by submitting a verbal or a written revocation to:

   _____

9. _____   _____

   Client's Signature (If 18 or older no parent signature needed.)   Date

10. Name of client's parent or Guardian: _____

    Please Print

    _____   _____
    Signature   *Date*

11. I witness the signature on this form: _____

    Name of Witness – Please Print

    _____   _____
    Signature of Witness*   Date

*A witness who cannot attest to the identity of the person signing should secure written identifying information

NOTICE TO RECEIVING AGENCY, FACILITY OR PERSON: The client's record is privileged information, which is protected by various State and Federal laws. Such information may not be disclosed to other persons or entities, including those within the organization wherein the client is employed, without a separate written authorization from the client. **Photocopying and/or processing fees will not be reimbursed.**