



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



**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>	
[ ]	[ ]	Psychological Reports
[ ]	[ ]	Social Developmental Reports
[ ]	[ ]	Health & Medical Records
[ ]	[ ]	Academic Records
[ ]	[ ]	Speech & Language Reports
[ ]	[ ]	Occupational Therapy Reports
[ ]	[ ]	Physical Therapy Reports
[ ]	[ ]	Audiological 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.**