

**CONSENT FOR RELEASE OF SCHOOL STUDENT RECORDS**

TO: Manteno Community Unit School District No. 5  
84 North Oak Street  
Manteno, Illinois 60950

RE: Name of Student \_\_\_\_\_  
Address of Student \_\_\_\_\_  
Student Birth Date \_\_\_\_\_

I hereby consent to the release of the following information from the school student records of the above-named student:

- All Information
- Academic Transcript
- Medical and Health Records
- Special Education Records
- Other:

\_\_\_\_\_

Please release the above information to the following person(s):\*

Records Deposition Service, Inc.  
120 West Madison Street, Suite 300  
Chicago, Illinois 60602

The reason for the release is:

- Transfer
- Parent/Guardian Request
- Student Request
- Other: Litigation

This consent is valid until: \_\_\_\_\_  
(date not to exceed one calendar year)

I understand that I have the right to inspect, copy and challenge the contents of the school student records in question prior to release, and the right to limit any consent for the release of the school student records to designated records or designated portions of information in the school student records. I also understand that I have the right to revoke this consent, in writing, at any time.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\* Except for the student and his/her parent, a person or entity to whom information is released **must not** permit any other person or entity to have access to the information without the prior specific, dated, written consent of the student or parent.