

**MORTON UNIT DISTRICT #709**  
**Morton, IL 61550**

I give my permission for to release to OR secure from  
(circle one)

\_\_\_\_\_  
(Name of School, Agency, or Person)

\_\_\_\_\_  
(Address)

Information regarding: \_\_\_\_\_  
(Student Name) (Date of Birth)

Release to      Secure from

_____	_____	Verbal Exchange of Information
_____	_____	Regular Division Student Records
_____	_____	Academic Records
_____	_____	Health & Medical Records
_____	_____	Psychological Reports
_____	_____	Social Developmental Reports
_____	_____	Speech & Language Reports
_____	_____	Occupational Therapy Reports
_____	_____	Other

I understand that I have the right to review and possibly challenge such records before they are released, and:

1. \_\_\_\_\_ I hereby **waive** that right
2. \_\_\_\_\_ I hereby **request** an appointment to review and/or challenge the records  
(form DF 15k should be completed)
3. \_\_\_\_\_ I wish to receive a copy of the records

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signed: Parent/Guardian/Self)

\_\_\_\_\_  
(Address)

**Please send records to:**

Lincoln Elementary School  
100 S. Nebraska  
Morton, IL 61550

Phone: (309)266-6989  
Fax: (309)284-4015

Person requesting information: \_\_\_\_\_  
(Request remains valid for 360 days) (Signature) (Title)