



BLOOMINGDALE SCHOOL DISTRICT 13 RECORDS CONSENT FORM

I hereby give permission for Bloomington School District 13 to obtain the necessary files and records regarding my child from the last school attended.

These records should include all confidential records such as educational records, health records, individual educational plans, and psychological reports.

It is understood that the school district will maintain professional confidentiality of any records received.

Signature of Parent/Guardian
(if child is less than age 12): _____ **Date:** _____

Signature of Student: _____ **Date:** _____
(only if age 12 and older, OR child 12-17 and receiving substance abuse treatment without parental consent)

Mental Health Records Redisclosure: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, communication and records may be redisclosed ONLY IF the person or persons who consented to this disclosure specifically consents to such redisclosure.

Substance Abuse Records Redisclosure: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42-CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical and other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Name of Student: _____
Last School Attended: _____ Last Grade Completed: _____
School's Address: _____
School's Phone #: _____ School's Fax #: _____

1st Request: _____ (Date) 2nd Request: _____ (Date)

Please fax upon receipt:

- Illinois Transfer Form
- Latest MAP scores
- IMMUNIZATIONS/PHYSICAL FORM
- STATE OF ILLINOIS EYE EXAMINATION REPORT
- PROOF OF SCHOOL DENTAL EXAMINATION FORM

**** PLEASE MAIL ALL OTHER RECORDS TO SCHOOL CHECKED BELOW ****

Erickson Elementary School

277 Springfield Dr.
Bloomington, IL 60108
P: 630-529-2223
F: 630-893-9849

DuJardin Elementary School

166 S. Euclid Ave.
Bloomington, IL 60108
P: 630-894-9200
F: 630-894-9545

Westfield Middle School

149 Fairfield Way
Bloomington, IL 60108
P: 630-529-6211
F: 630-893-9336