

PIKELAND COMMUNITY SCHOOL DISTRICT #10

**PIKELAND COMMUNITY SCHOOL
601 PIPER LANE
PITTSFIELD, IL. 62363**

217-285-9462

Fax: 217-285-9551

CONSENT FOR RELEASE OF INFORMATION

I consent to have _____
(Name of School Previously attended)

(Street)

(City) (State) (Zip)

Give information concerning the following student.....

(Name) (Date of Birth) (Grade)

to Pikeland Community Unity School District #10.

Information that is being requested includes the following:

**HEALTH RECORDS
SCHOLASTIC RECORDS
CONFIDENTIAL RECORDS
PSYCHOLOGICAL RECORDS**

(Public Act 84-1430 provides that districts must notify any person enrolling a student in school for the first time that such person must provide either 1) a certified copy of the student's birth certificate or 2) other governmental documentation of the child's identity and an affidavit explaining the inability to produce a copy of the birth certificate. If the necessary documentation is not received or is inaccurate or suspicious, the district must report the matter to local law enforcement authorities.)

DATE _____

SIGNED _____
(Name of Parent or Guardian)