

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

Current Date \_\_\_\_\_

I give my permission to Morton CUSD 709 to release to OR secure from

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

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

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

| Release to | Secure from |                                      |
|------------|-------------|--------------------------------------|
| _____      | _____       | Verbal Exchange of Information       |
| _____      | _____       | Regular Division of Student Records  |
| _____      | _____       | Academic Records                     |
| _____      | _____       | Health & Medical Records             |
| _____      | _____       | Psychological Reports                |
| _____      | _____       | Social Development                   |
| _____      | _____       | Speech Development Reports           |
| _____      | _____       | Occupational Therapy Reports         |
| _____      | _____       | ISBE Student Transfer Form (IL Only) |
| _____      | _____       | Other                                |

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

1. \_\_\_\_\_ I hereby waive that right
2. \_\_\_\_\_ I wish to receive a copy of the records

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

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

**OFFICE USE ONLY**

Please send records to: Morton High School Phone: 309.266.7182  
350 N. Illinois Ave.  
Morton, IL 61550

Email to: sara.hornsby@mcusd709.org

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