



# Illinois State Board of Education

100 North First Street  
Springfield, Illinois 62777-0001

## PERMISSION TO SHARE COMPLAINT INFORMATION

### SPECIAL EDUCATION DEPARTMENT

STUDENT'S NAME: \_\_\_\_\_

COMPLAINANT'S NAME: \_\_\_\_\_

Complaints regarding a specific child lodged by an individual other than the parent/guardian must be accompanied by permission from the parent/guardian in order for the Illinois State Board of Education (ISBE) to share information with the complainant regarding the results of the complaint investigation. Likewise, if an individual files a complaint on behalf of a student who is eighteen (18) years of age or older, it must be accompanied by permission from the student in order for ISBE to share information with the complainant regarding the results of the complaint investigation.

Permission must also be obtained in order for ISBE to share information with other individuals involved in the complaint, such as an attorney and/or advocate representing the student.

The parent(s)/guardian(s)/adult student provide(s) permission for ISBE to release information regarding the issues in the complaint to the following individual:

Name: \_\_\_\_\_

Title/Organization: \_\_\_\_\_

**By signing this form, I authorize the Illinois State Board of Education, Special Education Services Division, to share information regarding the state complaint with the individual listed.**

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_  
(if student has reached the age of majority [18])

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