



Peace Academy High School
 1538 South Easton Avenue, Peoria, IL 61605
 peaceacademypeoria.org

Consent to Disclosure of School Student Records and Information Including Mental Health and Developmental Disability Information

Student's Name (during School): _____ Date of Birth: _____
 Address: _____
 District: _____
 Grade: _____ Graduated ? Yes ___ No ___

I hereby grant my consent for Waibel Academy, 823 South Baer Avenue, Peoria, IL 61604 to disclose the selected information to **Peace Academy High School, 1538 South Easton Avenue, Peoria, IL 61605.**

Information to be Disclosed:

1. ___ The student record of _____ ("the Student"), including but not limited to any documents created by South Side Christian Academy, pursuant to the *Illinois School Student Records Act*, 105 ILCS 10/1 et seq.
2. ___ All documents and communication from a therapist, doctor, or hospital which may be deemed mental health records under the *Illinois Mental Health and Developmental Disabilities Confidentiality Act*, 740 ILCS 11/1 et seq.
3. ___ Transcript
4. ___ Immunizations
5. ___ Birth Certificate
6. ___ All records documented by the school for behavior

This consent is valid for one calendar year from the date set forth below, and may be revoked at any time in writing. I also understand that I have the right to inspect and copy the information to be disclosed pursuant to this consent.

Parent/Guardians' signature: _____ Date: _____

Student's signature: _____ Date: _____

Witness: _____ Date: _____

School title: _____

Note: If the student is under age 12, only the parents's signature is needed. If the student is between ages 12 and 18, both the parent's and the student's signature are needed. If the student is age 18 or over, only the student's (or if the student has been judged to be incapacitated by a court, the guardian's signature is required. Reb. 5/30/2026