



**Section 4: CONTINUED - The nature of the problem regarding early intervention services for the child, including facts related to the problem (Attach additional Section 4 pages if needed):**

**Section 5: Remedy being sought or proposed resolution (attach additional pages if needed):**

**Attach material supporting the request and proposed remedy.**

I understand that by requesting administrative resolution I am hereby authorizing the release of the early intervention service records for the above child to the Department of Human Services, the hearing officer and any parties in the dispute, for the purpose of resolution of the dispute. I also understand that an attorney will be appointed as an impartial hearing officer for the above dispute, who will set pre-hearing and hearing dates and make a decision regarding the dispute, after hearing the issues, testimony, and the evidence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.