

**Students**

**Exhibit – Department of Children and Family Services Student Interview Authorization**

This form is to be used when the Illinois Department of Children and Family Services interviews a child.

DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

I \_\_\_\_\_, an employee of the Illinois Department of Children and Family Services, need to interview

\_\_\_\_\_, (grade \_\_\_\_\_), in lieu of the Granite City School District #9, pursuant to the authority given to the Department by Statute and Rules and Regulations.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
BADGE/ID#

\_\_\_\_\_  
WITNESS (PRINCIPAL/SECRETARY)

**Please make copy of DCFS employee’s ID badge on this form for District #9 records.**

Adopted: 10/5/04