



JOSEPH SEARS
EST. 1899

Consent for Release of Student Records

Name of Student: _____ Birth Date (MM/DD/YYYY): _____

School Attended: _____ Grade: _____

I authorize Kenilworth School District No. 38 to **release** information concerning the above named student to:

I authorize Kenilworth School District No. 38 to **obtain** information concerning the above named student from:

Name/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Please check each item of information listed below that you wish to have released:

- All Records
- Student Permanent Record (includes student's name, birth date, address, grade level, academic transcripts/test scores, parent/guardian names and addresses, attendance records and health records)
- Special Education Records including all Case Study Components and Reports
- Speech/Language, Physical or Occupational Therapy Reports/Evaluations
- Social Work Reports/Assessments
- Psychological Evaluations
- Verified reports from the non-school persons or agencies which were part of special education decisions
- Health History
- Other (Please specify) _____

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____ Telephone: _____

New Home Address _____

City: _____ State: _____ Zip: _____