



**JOSEPH SEARS**  
EST. 1899

**Consent for Release of Student Records**

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

School Attended: \_\_\_\_\_ Grade(s): \_\_\_\_\_

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: \_\_\_\_\_

**Parent/Guardian please check what you wish to be 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 non-school persons/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: \_\_\_\_\_

**Please send Student Records being release to Kenilworth School District No. 38 to School Registrar, Susan White at [swhite@kenilworth38.org](mailto:swhite@kenilworth38.org), Facimile 847-256-4418, or The Joseph Sears School, 542 Abbotsford Rd., Kenilworth, IL 60043**