



## CONSENT FOR RELEASE OF INFORMATION

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

I hereby give consent to:

Name: \_\_\_\_\_  
(school last attended)

Address: \_\_\_\_\_

For release of the following records:

- Medical
- Social Work Reports
- Psychological
- Academic
- ELL & Access Reports
- Special Education
- Speech & Language
- Other: \_\_\_\_\_

SEND RECORDS TO: (Please circle.)

Greenbrook Elementary  
5208 Arlington Circle  
Hanover Park, IL 60133  
Phone: 630 894-4544  
Fax: 630 289-6183

Waterbury Elementary  
355 S. Rodenburg Rd.  
Roselle, IL 60172  
Phone: 630 893-8180  
Fax: 630 539-2316

Spring Wood Middle School  
5540 Arlington Drive E.  
Hanover Park, IL 60133  
Phone: 630 893-8900  
Fax: 630 894-9658

Safeguards for confidentiality will be followed in accordance with provisions of the Family Educational Rights of Privacy Act of 1974 and Illinois School Student Records Act of 1975.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)