



## 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: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian, please check what you wish to be released/obtained:

- 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 released to Marla Slovin at [mslovin@kenilworth38.org](mailto:mslovin@kenilworth38.org) or mail to The Joseph Sears School, Attn: Marla Slovin, 542 Abbotsford Rd., Kenilworth, IL 60043**