



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 Consent for Release of Student Records form to studentrecords@kenilworth38.org or mail to The Joseph Sears School, Attn: Front Office, 542 Abbotsford Rd., Kenilworth, IL 60043