**Trinity Lutheran Church School**
1165 S Westmore Meyers Road
Lombard, IL 60148-4174
(630) 629-8765 Phone
(630) 627-5676 Fax
www.TrinityLombard.org

# CONSENT FOR RELEASE OF STUDENT RECORDS

Student Name: _____ Birthdate: _____
Last First Middle

◯ I authorize Trinity Lutheran School to release information concerning the above named student to:

◯ I authorize Trinity Lutheran School to obtain information concerning the above named student from:

NAME/AGENCY: _____
ADDRESS: _____
_____
City State Zip
TELEPHONE: _____ FAX: _____

To Parent(s)/Guardian: Please **INITIAL** each item of information listed below you wish to have released.

_____ Permanent Records such as: student's identifying information, parent's name and address, academic transcripts/test scores, attendance records, accident and health records, honors and rewards received, participation in school-sponsored activities.
_____ Temporary Records such as: disciplinary information, class schedule, test scores, family background information, teacher anecdotal information, verified reports from non-school persons or agencies
_____ Special Education Records including all Case Study Components. I.E.P.s and MDC Reports
_____ Speech/Language, Physical or Occupational Therapy Reports/Evaluations
_____ Social work reports/assessment
_____ Psychological Evaluations
_____ Special education files including reports of multidisciplinary staffings
_____ Health History
_____ Verified reports from non-school persons or agencies which were part of special education decisions
_____ Other (specify)

**I understand that as a parent/guardian, upon written request, I have the right to inspect, copy, and challenge the contents of the school student records prior to release, for which I am authorizing release (105 ILCS 10/6, 10-8 Illinois School Student Records Act). I also have the right to designate the school student records to be released or to identify specific portions of a school record to be released by this consent. Any such limitations have been noted above.**

_____ _____ _____
Parent/Guardian Signature Print Parent/Guardian Name Date

_____ _____ _____ _____
Home Address City State Zip

_____
Phone Number

NOTICE TO AGENT/PERSON RECEIVING RECORDS: Under the law, you are prohibited from allowing any other person access to any information from the student's record unless you obtain prior, written consent of the student's parent/guardian.