



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: _____ EMAIL: _____

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.