

## CONSENT TO RELEASE PRIVATE DATA

Parent(s), this form allows information about your child to be exchanged. Please sign and return it to the school (address below).

Learner's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

I authorize:

### Trinity Oaks Christian Academy

233 Trinity Oaks Way

Cary, IL 60013

To release information to:

(Check either or both boxes, as needed)

To obtain information from:

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Parent(s), or learner if of legal age may examine school records. The information to be released:

Official School Records (name, address, birth date, sex, attendance record, grade level, grades, class rank, standardized group test results)

Health record

Chemical abuse/dependency report

Psychological Reports

Medical report (including related services)

Special Ed. Records (including related services)

Psychiatric Report

Teacher, counselor, staff observations

Social Work Report

Other (specify) \_\_\_\_\_

The purpose for this request \_\_\_\_\_

I understand that this authorization takes effect the day that I sign it. It expires no more than one year from the date of my signature. I also understand that I may change this authorization at any time.

\_\_\_\_\_  
Parent Signature (or Learner, if of legal age)

\_\_\_\_\_  
Month/Day/Year