

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).

Student'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 student 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, 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 Student, if of legal age)

Month/Day/Year

Rev. 2/17