Trinity Lutheran School
6850 West 159th Street
Tinley Park, IL 60477
(708)532-3529 FAX (708)532-0799

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Name of Child: _____ Birthdate: _____

School Name: _____ Grade: _____
(Grade Entering)

School Address: _____

_____

As the parent or legal guardian of the above named child, I hereby grant my permission to the above listed school to exchange confidential information concerning my child with Trinity Lutheran School.

I understand that my permission covers the release of permanent and temporary records, as well as the release of confidential records and reports. I also understand that I have the right to inspect and copy school records, to challenge the contents of these records and/or to limit this consent to specific records or portions of records which I have designated below:

_____ Birth Certificate
_____ Standardized Achievement Results
_____ Academic Cumulative Folder
_____ Health Records
_____ Special Education and/or related services such as speech and language, learning disability resource etc.
_____ Psychological/Social Work Information
_____ Educational Assessment Information
_____ Individual Education Plans
_____ All of the above

This authorization terminates 90 (ninety) calendar days from the date of permission.

_____ _____ _____
Signature of Parent/Guardian Relationship Date

Office Use Only

First Request – Date _____
Second Request ----- _____

cc: Student Temporary File