

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

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Name of Child: _____ Birthdate: _____
School Name: _____ Grade: _____
School Address: _____

(Grade Entering)

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
- _____ Records of Additional Support
- _____ 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-Dates of Requests

First Request Date _____
Second Request _____

cc: Student Temporary File