

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

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## 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
- \_\_\_\_\_ 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