

UNIT SCHOOL DISTRICT #401  
ELMWOOD SCHOOL  
2319 N. 76TH AVE.  
ELMWOOD PARK, IL 60707  
solisj@epcusd401.org

**RELEASE OF INFORMATION**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

\_\_\_\_\_ Academic

\_\_\_\_\_ Medical

\_\_\_\_\_ Psychological/Social Work Report

I authorize the release of information regarding my child to be sent to:

**ELMWOOD SCHOOL  
2319 N. 76TH AVE.  
ELMWOOD PARK, IL 60707  
PHONE 708 452-3558  
FAX 708 452-5567**

FROM

School \_\_\_\_\_

School Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signed \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

relesfrm