



River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
708-771-8282

AUTHORIZATION FOR THE EXCHANGE OF CONFIDENTIAL INFORMATION

Student Name: _____ Birthdate: _____

Last First

D90 School: _____ Grade: _____ D90 Contact: _____

I authorize School District 90 to **release** information concerning the above named student to: I authorize School District 90 to **obtain** information concerning the above named student from:

NAME/AGENCY: _____

ADDRESS: _____

City State Zip

TELEPHONE: _____ FAX: _____



TO Parent(s)/Guardian: Please INITIAL each item of information listed below you wish to have released.

_____ Permanent Records such as: student's identifying information, parent's name and address, academic transcripts/test scores, attendance records, accident and health records, honors and rewards received, participation in school sponsored activities

_____ Temporary Records such as: disciplinary information, class schedule, test scores, family background information, teacher anecdotal information, verified reports from non-school persons or agencies

_____ * Special Education Records including all Case Study Components, I.E.P.'s and MDC Reports

_____ * Speech/Language, Physical or Occupational Therapy Reports/Evaluations

_____ * Social work reports/assessment

_____ * Psychological Evaluations

_____ * Special education files including reports of multidisciplinary staffings

_____ * Health History

_____ * Verified reports from non-school persons or agencies which were part of special education decisions

_____ Other (specify) _____

Parent/Guardian Signature Print Parent Name Date

New Home Address City State Zip

Phone # Email Address: _____

* All Special Education records for School District 90 should be addressed and sent to:
Director of Special Education River Forest School District 90, Administrative Building, 7776 West Lake Street River Forest IL 60305 or Fax to: 708-771-8291.