NEW TRIER HIGH SCHOOL

AUTHORIZATION FOR RELEASE OF INFORMATION

Full Student Name:

Complete Student Address:

Date of Birth:

Phone Number:

■ To	■ From
New Trier Township High School 385 Winnetka AveWinnetka, IL 60093	
Phone: 847.446.7000	**Fax:** 847.835.9851

■ To	■ From
Name:	
School/Organization Address:	
Email:	
Phone:	**Fax:**

Records and information to be released:

- ■ Attendance
- ■ Transcript/Grades
- ☐ 504 records
- ■ Special Education records (IEPs, evaluations, progress reports)
- ■ Email and other written communication
- ■ Verbal communication and conversation
- ■ Disciplinary reports
- ■ Psychological evaluations
- ■ Health records
- ■ Mental health records
- ■ Achievement test scores
- ☐ Other:

The purpose of this release of information is:

Educational Planning

I authorize the release of student records and confidential information concerning the student listed above. I understand that I have the right to inspect, copy, and challenge the content of the school student records for which I am authorizing release. I also have the right to designate the school student records or specific portions of a school record to be released by this consent. The consequence of failure to consent to release is that records will not be released. This authorization is valid until 6/10/2021, unless I revoke consent prior to that time. The information released cannot be redisclosed or utilized for any purpose other than as specified above.

Parent/Guardian Signature (if student is under 18) _____ **Date** _____

Student Signature (if at least 18, or at least 12 and mental health records are to be exchanged) _____ **Date** _____

Witness Signature (if mental health records are to be exchanged) _____ **Date** _____

Reset Print