



Keeneyville School District 20
Permission to Obtain and Release Student Information/Records

Student Name: _____ Date of Birth: _____

I hereby authorize _____
 (name, agency, health care provider, name, address and telephone)

_____ to release/exchange my child's
 information/records for the purpose listed below to:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Keeneyville SD 20
Attn: Student Services
5540 Arlington Drive E
Hanover Park, IL 60133
Phone: 630-894-2500
Fax: 630-894-9661 | <input type="checkbox"/> ECC/Greenbrook School
Keeneyville SD 20
5208 Arlington Cir.
Hanover Park, IL 60133
Phone: 630-894-4544
Fax: 630-289-8132 | <input type="checkbox"/> Waterbury School
Keeneyville SD 20
355 S. Rodenburg Rd.
Roselle, IL 60172
Phone: 630-893-8180
Fax: 630-539-2316 | <input type="checkbox"/> Spring Wood Middle School
Keeneyville SD 20
5540 Arlington Drive E
Hanover Park, IL 60133
Phone: 630-893-8900
Fax: 630-894-9658 |
|---|---|--|--|

Description: The information to be disclosed consists of (dates and types of records)

	Medial and/or related health records
	Psychological, social work, and/or IEP team reports
	Individualized Education Program (IEP)
	Verbal communication between provider and school personnel
	Other (specify)

Purpose: The information will be used for the following purpose(s)

1. Educational evaluation and program planning
2. Health assessment and planning for health care services and treatment in school.
3. Medical evaluation and treatment.

Authorization:

This authorization is valid for one calendar year. It will expire on _____. I understand that I may revoke this authorization at any time by submitting written notice of withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I recognize that these records, once received by the school district, may not be protected by the HIPAA Privacy Act, and may become education records protected by the Family Educational Rights and Privacy Act (FERPA). I also understand that if I refuse to sign, such refusal will not interfere with my child's treatment, enrollment or eligibility of benefits.

Parent/Guardian Signature _____

Date _____

DISTRICT 20 HEALTH SERVICES

**Greenbrook Elementary School
 & Early Childhood Center**
 630-894-4409 Nurse Phone
 630-894-4544 Main Office
 630-289-6183 Fax

Waterbury Elementary School
 630-894-4211 Nurse Phone
 630-893-8180 Main Office
 630-539-2316 Fax

Spring Wood Middle School
 630-894-4044 Nurse Phone
 630-893-8900 Main Office
 630-894-9658 Fax