



Glenview School District 34
1401 Greenwood Road
Glenview, Illinois, 60026-1511
www.glenview34.org

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ [] parent [] legal guardian,
authorize (*name of school district or person*) _____

Address: _____

City, State, Zip Code: _____

Phone #: _____ Fax #: _____

to [] release records (checked below) to, [] speak with

Name of receiving school district or person: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____ Fax #: _____

regarding,

Name of Student: _____ Birthdate: _____

RECORDS TO BE RELEASED

Permanent Record (*includes identifying information, report card grades, health and medical records*)

All Specific Portion to be Released: _____

Temporary Record (*includes special education file, IEP's, assessments & evaluations*)

All Specific Portion to be Released: _____

Reason for Release of Information: _____

_____ Date: _____

Authorized Signature

(*This release is valid for one year from date of signing.*)