ST. COLETTA'S OF ILLINOIS
LT. JOSEPH P. KENNEDY SCHOOL

AUTHORIZATION TO RELEASE/REQUEST EDUCATIONAL OR MEDICAL RECORDS AND EXCHANGE OF CONFIDENTIAL INFORMATION FY25

I, the undersigned parent/guardian of _____ born _____
Do hereby authorize

Lt. Joseph P. Kennedy Jr. School
18350 Crossing Drive
Tinley Park, IL 60487
Fax 708-429-3467

Release/request/exchange of the records for above referenced student to/from:

Name of School/Agency _____

Name of Contact Person _____

School/Agency Address: _____

_____

School/Agency Phone Number: _____

I understand the records to be released/requested may include psychological, social, medical, and educational records, including the individualized education plan (IEP).

Parent/Legal Guardian _____ Date _____

Student (if own guardian) _____ Date _____