



The Avery Coonley School
 1400 Maple Avenue
 Downers Grove, IL 60515
 (630) 969-0800 Fax (630) 969-0131

AUTHORIZATION FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

Student Name _____ Age _____ Birth Date _____

Street Address _____ City _____ State _____ Zip Code _____

As the parent or legal guardian of the above-named child, I hereby grant my permission to **The Avery Coonley School**, 1400 Maple Avenue, Downers Gove, IL 60515 to exchange information with:

Name _____

Street Address _____

City, State, Zip Code _____

The information exchanged may include copies of the following reports as checked below:

- | | |
|-------------------------------------|--------------------------------------|
| Psychological Reports _____ | Educational Assessment Reports _____ |
| Health History/Health Records _____ | Staffing Reports _____ |
| Cumulative Records _____ | Other _____ |

The purpose for this authorization is _____

 _____.

 Signature of Parent/Guardian

 Date

 Person Securing Consent

() _____
 Phone Number

Notice: In accordance with Illinois School Student Record Act, all information received is confidential and is available for review by parents and students (upon age 18) at their request.