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

AUTHORIZATION TO RELEASE/REQUEST EDUCATIONAL OR MEDICAL RECORDS AND EXCHANGE OF CONFIDENTIAL INFORMATION FY27

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: ____

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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 _________________