



EISENHOWER Cooperative



5318 W. 135th Street
Crestwood, IL 60418
708-389-7580

EXECUTIVE DIRECTOR
Angela Zajac

PARENTAL CONSENT TO RELEASE OR OBTAIN INFORMATION

Student: _____ B/D: _____ Grade: _____ Date: _____

I give my permission/consent for:

Person/Agency: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

to exchange information with:

Person/Agency: INSPIRE Neuropsychology Clinic Phone: 708-572-9425

Address: 10701 S. Kilpatrick City/State: Oak Lawn, IL Zip Code: 60453

The following information (as checked):

- | | |
|---|--|
| <input type="checkbox"/> Permanent record information | <input type="checkbox"/> Social History/Assessment |
| <input type="checkbox"/> Temporary record information | <input type="checkbox"/> Health Record |
| <input type="checkbox"/> Achievement & Aptitude Test Scores | <input type="checkbox"/> Medical/Health Information |
| <input type="checkbox"/> Case Study Evaluation | <input type="checkbox"/> All information in your records |
| <input type="checkbox"/> Individual Education Plan | <input type="checkbox"/> Treatment progress |
| <input type="checkbox"/> Psychiatric/Psychological | <input type="checkbox"/> As specified _____ |

for the purpose of:

- | | |
|--|--|
| <input type="checkbox"/> Educational Placement | <input type="checkbox"/> Information for Case Study Evaluation |
| <input type="checkbox"/> Updating Medical Records | <input type="checkbox"/> Coordinating Treatment Services |
| <input type="checkbox"/> Information for Case Study Evaluation | <input type="checkbox"/> Referral |
| | <input type="checkbox"/> Other _____ |

I understand I have the right to inspect, copy, and/or challenge the contents of such records/information and that this information will not be redisclosed without my authorization.

The consent is valid until _____ and may be revoked in writing at any time except to the extent that action has already been taken.

The consequences, if any, of not signing this release are: _____

_____ Student's Signature _____

Consent Requested by: _____ Parent's Signature: _____

Title: _____ Date: _____