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475 Alexandra Blvd. Crystal Lake, IL. 60014 ~ 815-455-5437

### Authorization To Release Personal Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

I request and authorize \_\_\_\_\_ to release any pertinent information of the child named above to:

Name: Kids R Kids Learning Academy

Address: 475 Alexandra Boulevard

City: Crystal Lake State: IL Zip Code: 60014

I want this information released because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request and authorization applies to the following:

- All healthcare information
- General education records
- Testing and evaluation results
- Special education records
- Discipline records
- Counseling information
- Other (please specify) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_