



LAKE FOREST SCHOOL DISTRICT 67
Lake Forest Il 60045

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby fully authorize Lake Forest School District 67
Department of Special Services
300 S. Waukegan Road
Lake Forest Il 60045

to disclose and deliver information in their possession regarding:

Name of Child

Address

TO: _____
Name of Agency or Specialist

Complete Address:

I understand that by signing this form I am allowing district personnel to communicate
with the aforementioned agency or specialist in regards to: _____
Information Requested

Signature of Parent or Guardian _____ Date: _____