

# JOSEPH ACADEMY

1101 GREGORY • DES PLAINES, ILLINOIS 60016 • 847-803-1930 • Mike Schack, Executive Director

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home School: \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
(Name of person or agency)

to send copies of my case study evaluation and education records to Joseph Academy in order to plan a program for my educational needs.

The following information can be sent to Joseph Academy:

EDUCATIONAL TESTS	_____	PSYCHOLOGICAL TESTING	_____
PHYSICAL EXAM	_____	PSYCHIATRIC EXAM	_____
SOCIAL HISTORY	_____	DISCHARGE SUMMARY	_____
IEP REPORT	_____	SCHOOL TRANSCRIPTS	_____
MDC	_____	CONTRACT	_____

I give my consent freely and voluntarily. I realize that services cannot be provided without sufficient information.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## AUTHORIZATION FOR THE RELEASE OF INFORMATION

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize the exchange of information with Joseph Academy in order to plan a program for my educational and therapeutic needs. The following list of agencies may be contacted.

\_\_\_\_\_ DCFS Caseworker \_\_\_\_\_  
(name, address and phone number)

\_\_\_\_\_ Probation/Parole Officer \_\_\_\_\_  
(name, address and phone number)

\_\_\_\_\_ Community Agency \_\_\_\_\_  
(name, address and phone number)

\_\_\_\_\_ Outside Therapist \_\_\_\_\_  
(name, address and phone number)

I give my consent freely and voluntarily. I realize that services cannot be provided without sufficient information.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## RELEASE FORMS

Student's Name \_\_\_\_\_

### EMERGENCY RELEASE

In the event of a serious illness or accidental injury, Joseph Academy may obtain emergency medical care for my child.

### ATHLETICS

I DO/DO NOT (please circle) give my consent for the above named student to participate in the Chicago Area Alternative Education League. In order to participate in CAAEL program, the parent/guardian must sign a hold harmless agreement. Participating in the CAAEL program includes eating lunch outside the school, paid for by the students.

### FIELD TRIP INFORMATION

I give my consent for my child to be involved in Joseph Academy Program field trips. I understand that transportation will be provided either by a school vehicle or a staff member's car.

### PUBLICITY INFORMATION

The Joseph Academy Program may include your child in a film about the program and other promotional education projects that may include pictures or films. I understand that although my child may be photographed, personal information will remain totally confidential. I DO/DO NOT (please circle) consent to have my child participate in the above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date