



Irvington Grade School

500 Superior St.
Irvington, IL 62848

David Schulte, *Superintendent*
Pamela Schaeffer, *Administrative Assistant*

Authorization for Release of Information

I, the undersigned parent or guardian of:

_____ (student's name) _____ (grade) _____ (DOB)
_____ (student's name) _____ (grade) _____ (DOB)
_____ (student's name) _____ (grade) _____ (DOB)
_____ (student's name) _____ (grade) _____ (DOB)

Authorize _____ (school) to release medical, psychological, scholastic, and any other pertinent informational records regarding my child(ren).

Parent Signature: _____

Date: _____

Printed parent name: _____

Address: _____

Phone: _____