

UNIT SCHOOL DISTRICT #401
ELMWOOD SCHOOL
2319 N. 76TH AVE.
ELMWOOD PARK, IL 60707
lopezn@epcusd401.org

RELEASE OF INFORMATION

Student's Name _____

Date of Birth _____

Grade _____

_____ Academic

_____ Medical

_____ Psychological/Social Work Report

I authorize the release of information regarding my child to be sent to:

**ELMWOOD SCHOOL
2319 N. 76TH AVE.
ELMWOOD PARK, IL 60707
PHONE 708 452-3558
FAX 708 452-5567**

FROM

School _____

School Address _____

City and State _____ Zip Code _____

Signed _____

Relationship _____

Date _____

relesfrm