

Alternative Academic Achievement Academy



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AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Student: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

As the parent or legal guardian of the above-named student, I hereby grant permission to the **Alternative Academic Achievement Academy staff** to exchange confidential information concerning my child with _____
(Agency, School District, Individual, etc.)

- I understand that the purpose of this Authorization is for case collaboration.
- I understand that my permission covers the release of permanent and temporary records, as well as the release of confidential records and reports.
- Also, I understand that I have the right to inspect any copy of school records to challenge the contents of the records, and/or limit this consent to specific records or portions of records which I have designated below:

This authorization terminates 120 calendar days from the date of permission.

Signature: _____ Date: _____
(parent/legal guardian)

Signature: _____ Date: _____
(student age 12 and older)