

**KEYSTONE EDUCATIONAL MANAGEMENT SERVICES**  
**1101 E. Gregory St.**  
**Des Plaines, Illinois, 60016-1231**  
**Phone: 847/826-0584 Fax:847/803-8669**  
**CEO: Michael E. Schack MA, MBA**

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**UPDATED @ ANNUAL REVIEW**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION** Rev. 1/14/2014

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 is a list of agencies may be contacted.

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

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

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

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

\_\_\_\_\_ Other \_\_\_\_\_  
(name, address and phone number, Email)

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

**The information provided must be updated at each Annual Review while enrolled at Joseph Academy.**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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