

JOSEPH ACADEMY

1101 Gregory Street, Des Plaines, IL 60016 (847)803-1930 Fax (847)803-8669
1100 North 22nd Avenue, Melrose Park, IL 60160 (708)345-4500 Fax (708)345-4516
9003 South Kostner Avenue, Hometown, IL 60456 (708)952-1100 Fax (708)952-0287
420 County Farm Road, Wheaton, IL 60187 (630)407-2541 Fax (630)407-2545
Michael Schack, Executive Director

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 is a list of agencies that 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: _____