



**Heart of Illinois
Special Recreation
Association**

Heart of Illinois Special Recreation Association

8727 North Pioneer Road, Peoria, IL 61615

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hisra@peoriaparks.org

Form #5: Authorization for Release of Information

Participant Name: _____

I, (parent or guardian) _____,
hereby give my consent for the Heart of Illinois Special Recreation Association (HISRA) to
release and/or obtain pertinent information to and/or from:

School _____

Teacher _____

Social Worker _____

Agency _____

Other _____

Other _____

I, (parent or guardian) _____,
hereby give my consent for Heart of Illinois Special Recreation Association (HISRA) staff to
observe the above named participant in a school setting.

I, (parent or guardian) _____, understand
that this consent can be revoked at any time effective upon my written instruction to do so. I
also understand that the information referred to above cannot be re-released to any third party
who does not have a lawful right to such information without my consent.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

**Unless otherwise noted, the Authorization for Release of Information will expire one year from the date on
which the parent or guardian completes and signs the form.**

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UPDATED: 1/11/2018

A cooperative extension of the Chillicothe, Morton, Peoria and Washington Park Districts
providing quality recreation programs and services to individuals with disabilities.