



**Heart of Illinois  
Special Recreation  
Association**

# Heart of Illinois Special Recreation Association

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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.**

MACINTOSH HD:USERS:ABUSLER:DESKTOP:2018 FORMS:FORM#5 AUTHORIZATION FOR RELEASE OF INFORMATION.DOC  
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.