



Dear Parents:

Schools require written permission from parents or guardians before they will release records to other schools. **Please complete this form and return it to the Schechter school office so that we can request your child's records. The admissions process is complete only after Schechter has received and reviewed student records from other schools.** Thank you.

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

- **Reason for request:** Registering for enrollment at Gross Schechter Day School
- **Records to be released** (include all):
 - Most current academic records
 - Test scores
 - Psychological testing
 - IEP
 - Health information
 - Speech/language
 - Any other pertinent student information

Student's Name: _____

Age _____ Birthdate _____ Last Grade Attended _____

School from which student is transferring:

Name of School _____

School Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Teacher's Name _____

I authorize the school to release copies of student records to:

GROSS SCHECHTER DAY SCHOOL

**** PLEASE HAVE THE CLASSROOM TEACHER COMPLETE THE ATTACHED BEHAVIOURAL ASSESSMENT FORM AND RETURN IN THE SELF-ADDRESSED ENVELOPE. THANK YOU.**

Parent/Guardian Signature

Print Name

Relationship to Student

Date

