

PERMISSION FOR RELEASE OF STUDENT RECORDS

I, _____, parent of _____, grant Westchester Hebrew High School permission to contact my child's current and past schools and to receive his or her school records, attendance records, health records, standardized achievement and/or aptitude test results, special educational evaluations or psychological reports and official transcripts reflecting courses taken and grades received.

A copy of this release form shall be valid as an original. All information received by Westchester Hebrew High School will be treated as confidential.

Signed _____

Print Name _____ Date _____

Parents: Please complete this form and submit to your child's current school. We require complete records for grades 6, 7, 8.

Schools: Please send all school records, attendance records, standardized achievement and/or aptitude test results, the most recent report card and any year-end transcripts, educational and/or psychological evaluations with IEP and Resource Room Records (if applicable) for the applicant by **November 26th** to:

Westchester Hebrew High School
856 Orienta Avenue
Mamaroneck, New York 10543
Attention: Director of Admissions

All information will be kept confidential.