

# 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 25th** to:

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

**All information will be kept confidential.**