

**SOLOMON SCHECHTER DAY SCHOOL OF NASSAU COUNTY
SOLOMON SCHECHTER HIGH SCHOOL OF LONG ISLAND**

Authorization to Release Information

To Whom It May Concern:

I, _____ authorize the release of records for
Parent/Guardian's Name

Student's Last Name First Name Middle Initial Date of Birth

from the following institution:

Most recent school _____

Address of School _____

City/State/Zip _____

The following records may be released:

- √ Entire transcript of subjects and grades
- √ Attendance record
- √ Psychological, psychiatric, and other individual test results
- √ Standardized test results
- √ Health records
- √ IEP and Special Education records (if applicable)
- √ All confidential records pertaining to my child

These records may be released to:

Solomon Schechter High School of Long Island
Solomon Schechter Day School of Nassau County
27 Cedar Swamp Road
Glen Cove, New York 11542

I certify that I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

Signature

Date