

Release of Student Records

Parent Authorization

In order to complete your child's application, we need to receive information from his/her current school.
Please complete the information below and submit this release to your child's current school.

Student's Name: _____

CURRENT SCHOOL INFORMATION

Name of School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Authorization is hereby given for the transfer of all necessary information for the above student.
This may include written and verbal recommendations, evaluations, copies of report cards,
official transcripts of grades, and standardized test results. I/We understand and agree
that all recommendations and evaluations are confidential and will not be disclosed to me/us.

Signature of Parent or Guardian: _____

Date: _____

Please send all records to:

Abraham Joshua Heschel Day School
Admission Office
17701 Devonshire Street
Northridge, CA 91325

Public Record File
Public Law 93-380, Section 438