



PURPOSE: It is the policy of Jack Barrack Hebrew Academy (unless otherwise required by law) not to release the educational records of any student or alum to outside persons or agencies without the permission of that student or alum (if 18 years or older) or the student's parent or guardian (if the student is younger than 18).

AUTHORIZATION FOR RELEASE OF RECORDS

Student name: _____ Date: _____

Student DOB: _____

I hereby authorize the release of records:

To:

From: _____
(Name of agency/person)

(Name of agency/person)

Street Address

Street Address

City, State, Zip

City, State, Zip

Email Address

Email Address

Describe the records to be disclosed:

The reason for disclosing the record(s) is:

I understand that this information obtained will be treated in a confidential manner by the School and will only be released to outside individuals or authorities: (1) if authorized by an appropriate individual; or (2) as required by applicable law.

This authorization is valid from: _____ to _____
Date Date

I understand that my consent for the release of records is voluntary, and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under any prior consent for release.

Parent/Guardian/Adult student Signature

Date