



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 of

Student Name: Last First M.I. Birthdate: Month/Day/Year

from the following institution: _____

Most recent school _____

Address _____

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 Day School of Nassau County
Solomon Schechter High School of Long Island
27 Cedar Swamp Road
Glen Cove, NY 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.

Elementary School
Barbara Lane
Jericho
NY 11753
P. 516-935-1441
F. 516-935-8280

Middle School
High School
27 Cedar Swamp Rd.
Glen Cove
NY 11542
P. 516-656-5500
F. 516-656-9822

Signature

Date