



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**  
**Barbara Lane**  
**Jericho, NY 11753**

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

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