



PERMISSION FOR RELEASE OF RECORDS

PLEASE GIVE PORTION ONE AND THEN DELIVER TO YOUR CHILD'S CURRENT SCHOOL

1 I/We hereby give permission for (Name of School) _____

to forward the requested information below to the Stanford Eisenberg Knoxville Jewish Day School.

Applicant's Name: _____ Las _____ Fir _____ Middle _____

Current Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____ Signature: _____

Parent/Guardian Name: _____ Signature: _____

2 Dear School Administrator, The above mentioned child has applied to the Stanford Eisenberg Knoxville Jewish Day School. In order to properly determine whether the child will benefit from our program we are requesting the following records.

- 1. Grades and Report Cards
2. Standardized Test Scores
3. Attendance Records
4. Psychological Evaluations

Thank you for your cooperation.

Please mail all the above records directly to: Stanford Eisenberg Knoxville Jewish Day School P.O. box 10105 Knoxville, TN 37939 - 0105 865.560.9922

Federal Law 99.21 states that parent signatures are not required for education records sent from one educational agency to another.