



SAN DIEGO

Hebrew Day

Building future leaders: Jewish, successful, proud.

Authorization for Exchange of Information

ת'סד

To the Parent:

Please complete the following information and return to San Diego Hebrew Day.

Student's Name: _____

Current School: _____

Current Grade: _____ Birth Date: _____

School Address: _____

School Contact Person: _____

School Phone Number: _____

I hereby authorize the release of any and all requested information regarding my child to San Diego Hebrew Day. This information is for the confidential use of school personnel only.

Parent/Guardian Signature: _____ Date: _____

To the Current School:

The above named student is in the process of applying for enrollment to San Diego Hebrew Day. As a part of our application process, we may need to speak with teachers and administrators who have had direct contact with this student. Additionally, we may need this student's transcripts or school records to be shared with us. This document has been signed by the student's parent, giving authorization for you to release any and all requested information to us. If documents are requested, please mail or e-mail those documents directly to:

San Diego Hebrew Day
Admissions Office
3630 Afton Road
San Diego, CA 92123
admissions@ssdhds.org

Thank you.

PHONE (858) 279-3300
FAX (858) 279-3389
WEB SITE www.hebrewday.org

3630 Afton Road
San Diego, CA 92123