



Mailing Address: 100 Ames Street, Sharon, MA 02067 **Admissions Office:** (781) 784-8724 admissions@striarhebrew.org

Confidential Request for Release

This form is provided by Striar Hebrew Academy for the purpose of obtaining, releasing and transferring your child's school records to us or from us by other educational institutions and third parties. (All school records as defined by Public Law 93-380 and any amendments thereto.)

Student's Name: _____ Date of Birth: _____

School (attended): _____ (Entering) Grade/Year: _____

Address of school (attended) _____

_____ Phone: _____

I hereby authorize _____ to release/transfer records reciprocally to:

Name _____

Address _____

_____ Phone _____

The records to be released/transferred will include:

- _____ Official transcript of grades through June of this year
- _____ Standardized test results
- _____ Health records
- _____ I.E.P. report (if applicable)
- _____ Other available school records _____

Signature of parent/legal guardian: _____ Date: _____

-
1. Parents or legal guardians may review all school records received or released by Striar Hebrew Academy.
 2. Striar Hebrew Academy cannot guarantee the confidentiality of records reviewed or released to anyone outside of Striar Hebrew Academy.
 3. Records released to another school institution or third party by Striar Hebrew Academy are not to be released to anyone without the written consent of the parents or legal guardians.

IMPORTANT: This form should be filed in the student's cumulative folder and should remain there until three years after the student graduates or withdraws from Striar Hebrew Academy.