

# PERMISSION TO RELEASE SCHOOL RECORDS

**PARDES JEWISH DAY SCHOOL**  
**ATTN: ADMISSIONS OFFICE**  
12753 North Scottsdale Road  
Scottsdale, AZ 85254  
(480) 991-9141 | Fax (480) 991-9405

**The following student has applied for admission to Pardes Jewish Day School**

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\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

I grant permission to the proper authorities at \_\_\_\_\_ School to release a copy of the following parts of my child's record to the Admissions Office at Pardes.

Copy of Report Cards- Include report cards/transcripts from the past two years (if applicable) and the current year's first semester grades.

Official Administrative Record- Include name, address, birth date, grade level and completed attendance record.

All Health and Immunization Records, Standardized Test Scores, and any other pertinent reports.

Date of attendance: \_\_\_\_\_ to: \_\_\_\_\_

I hereby seek release of these records to Pardes Jewish Day School in accordance with the provisions of the of the Family Educational Rights and Privacy Act of 1974.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_