



# Soille San Diego Hebrew Day School

*Jewish Learning for Successful Living*

## Authorization for Exchange of Information

ת'סב

To the Parent:

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

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 Soille San Diego Hebrew Day School.** 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 Soille San Diego Hebrew Day School. 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 my attention at Soille San Diego Hebrew Day School.

Thank you,

Beth Licha

Director of Enrollment

Soille San Diego Hebrew Day School

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