

**SOILLE SAN DIEGO HEBREW DAY SCHOOL**



**AUTHORIZATION FOR EXCHANGE  
OF INFORMATION**

To the Parent:

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

Student's Name: \_\_\_\_\_  
Current School: \_\_\_\_\_  
Current Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Registrar/Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

This information is for the confidential use of school personnel only. I hereby authorize the release of information mentioned below to the Soille San Diego Hebrew Day School.

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

To the School:

The student mentioned above has applied for admission to the Soille San Diego Hebrew Day School. Please send a complete transcript of the child's academic performance (this year and previous years), any written evaluations, available test scores, health records and any other information that would be helpful in the evaluation of this applicant to the address below. Thank you for your cooperation.

Mail or fax transcripts directly to:

Soille San Diego Hebrew Day School  
Attn: Estelle Workman  
3630 Afton Road  
San Diego, CA 92123  
858-279-3389 FAX

3630 Afton Road  
San Diego, CA  
92123

PHONE (858) 279-3300  
FAX (858) 279-3389  
WEB SITE <http://www.hebrewday.org>