



Ida Crown Jewish Academy
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Release of Information

A separate release of information is required for each school and/or service provider.

I hereby authorize:

Name of School and/or Provider

Address *City* *State/Zip*

Telephone Number *Fax Number*

to release information regarding:

Child's Name

I understand that any information shared will be treated in a professional and confidential manner, and will be used exclusively for the purpose of educational planning.

Signature of Parent/Guardian *Date*

Additional information, included but not limited to the following may be obtained:

- Grades
- Test Scores
- Attendance
- Suspensions/Expulsions
- Treatment plans
- Health/Medical Records
- Case Notes
- Exceptional Student
- Education/Section 504 records
- Social and/or Developmental History
- Psychological and/or Psychiatric Evaluations
- Medical Support Services/Additional support services