

Transcript/Records Release

_____ (child's name) has made application to _____ .

I authorize release of the information listed below and for a representative of Solomon Schechter Day School to speak with the school's administration if needed.

- Official school records, report cards or grade summaries
- Standardized tests
- Attendance records
- Psychological or other evaluations and reports



Director of Administration
Solomon Schechter Day School of St. Louis
348 South Mason Road
St. Louis, MO 63141
314-576-6177
324-576-3624 (Fax)
admissions@ssdstl.org

Parent's Signature: _____

Date: _____