



## Permission for Release of Records

**PARENTS:** Please complete the items in this box only.

Name of Student	Date of Birth	Current Grade
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Address	City	State	Zip
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I hereby give permission for \_\_\_\_\_  
Name of School

to forward the following information and records to Hillel Day School of Boca Raton.

Signature of Parent or Guardian	Date
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The indicated items are being requested:

- Report Cards
- Attendance Information
- Standardized Test Scores
- Health Records
- Anecdotal Records
- Other Information: \_\_\_\_\_

Please mail all records to:  
 Director of Admissions  
 Hillel Day School of Boca Raton  
 21011 95th Avenue South  
 Boca Raton, FL 33428  
 Fax: (561) 470-5005

A copy of this authorization shall be as valid as the original.

Federal Law 99.21 states that parent signatures are not required for education records sent from one educational agency to another.