

# Authorization for Release of Records



**Parents: Please complete and sign this form and submit to your child's current school. If your child has received support services through the school system, please submit a separate authorization for release to Special School District.**

The following student has applied for admission to Saul Mirowitz Jewish Community School.

Applicant's Full Name: \_\_\_\_\_

Applicant's Birth Date: \_\_\_\_\_

Current School Name: \_\_\_\_\_

Current School Address: \_\_\_\_\_

Principal/Director's Name: \_\_\_\_\_

I authorize the release of my child's cumulative records to Saul Mirowitz Jewish Community School. Please include all academic records, standardized test scores, attendance records, individual education plans, academic assessments, speech and language assessments, psychological and other evaluations by your school or private evaluators. I also give permission for representatives to visit, at a pre-arranged date and time, my child's preschool or elementary school in order to observe him/her in a school setting. I understand that this information is considered confidential and will be used by the admissions committee for admission purposes only. Please mail all records to:

Saul Mirowitz Jewish Community School  
348 South Mason Road  
St. Louis, MO 63141

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE