



AUTHORIZATION FOR RELEASE OF APPLICANT'S RECORDS

Please complete and sign this form and then submit it to your child's current school to authorize the release of school records and teacher evaluations.

I hereby give permission to release all cumulative school records and related information, including all psychological and any other evaluations done by your school or outside resources, to The Rashi School. I also give permission to The Rashi School to contact and/or visit the applicant's current school for discussion and observation of the applicant.

Applicant's Last Name

First Name

Birth Date

Current Grade

Signature of Parent or Guardian

Date

To the parents:

With the common goal of assuring your child the best educational experience, please submit to Rashi any private psychological or academic testing results. Please understand this will remain confidential and is not a part of the applicant's permanent file.

To your child's current school:

Please send the cumulative record, including the AISNE recommendation form and any psychological or other evaluations, as soon as possible. All information will be treated confidentially and used only in the admissions process.

Please keep this release form at your school. Do not return this form to Rashi.

Send records and evaluations to:

The Rashi School
Attention: Admissions
8000 Great Meadow Road
Dedham, MA 02026