



**RELEASE FOR SCHOOL RECORD AND TRANSCRIPT**  
**(Please return to Solomon Schechter School of Westchester)**

Date: \_\_\_\_\_

I understand that my signature on this form authorizes Solomon Schechter School of Westchester to contact my child's teacher(s) and/or school administrators or service providers at any time during the admissions process.

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Name of Student	Date of Birth	Gender
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\_\_\_\_\_

Name of School
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\_\_\_\_\_

Headmaster/Principal
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\_\_\_\_\_

Street	City	State	Zip Code
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Phone	Fax
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I understand that it is my responsibility to request that my child's transcripts be forwarded from my child's current school to Solomon Schechter School of Westchester. Further, Schechter Westchester must receive these documents before an interview can be scheduled for my child.

\_\_\_\_\_

Parent or Guardian's Name
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\_\_\_\_\_

Parent or Guardian's Signature	Date
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Please send all information to:  
**Office of Admissions**  
**Solomon Schechter School of Westchester**  
**555 West Hartsdale Avenue**  
**Hartsdale, NY 10530**  
**(914) 948-7979 (fax)**