



HEBREW ACADEMY OF CLEVELAND
1860 South Taylor Road
Cleveland Heights, Ohio 44118
Phone :(216) 321-5838
Fax: (216) 932-4597

CONSENT FOR REQUEST OF INFORMATION/STUDENT RECORDS

I hereby give permission for Hebrew Academy to receive records from:

(School Name) _____

(School Address) _____

(City, State, Zip) _____

(Phone) (____) - ____ - ____

(Fax) (____) - ____ - ____

Please release to the Hebrew Academy of Cleveland all grades, standardized/achievement testing, attendance, teacher comments and other pertinent information for:

Child's Name Date of Birth

Child's Name Date of Birth

Child's Name Date of Birth

Address Phone Number

City State Zip Code

Signature of Parent Date of Authorization