

# Austin Jewish Academy

## Permission for Release of Records

**Please submit this form to Austin Jewish Academy with completed application.  
We will fax it to your child's school.**

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

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

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

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

Current School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### **For Kindergarten through 5<sup>th</sup> Grade Applicants:**

- I give permission for representatives of **Austin Jewish Academy** to visit, at a pre-arranged date and time, my child's current classroom in order to observe him/her in a school setting.

I understand that the information gained from the classroom visit is held in the strictest confidence and is used solely for the admission process and will not become part of the student's permanent record file.

### **For 1<sup>st</sup> through 8<sup>th</sup> Applicants:**

- I authorize the release of my child's academic records to be mailed to:

**Austin Jewish Academy**  
7300 Hart Lane  
Austin, TX 78731  
Attn: Admissions

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date