



Ida Crown Jewish Academy

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Release of Information

A separate release of information is required for each school and/or service provider.

I hereby authorize:

Name of School and/or Provider

Address

City

State/Zip

Telephone Number

Fax Number

to release all educational and psychoeducational information regarding:

Child's Name

I understand that any information shared will be treated in a professional and confidential manner, and will be used exclusively for the purpose of educational planning.

Signature of Parent/Guardian

Date