



Joseph & Florence Mandel Jewish Day School

Request for Release or Transfer of School Records,
Health Records, and/or Confidential Information

Applicant Parent to Complete

It is requested that information regarding

Name: _____ Birthdate: _____

School Last Attended: _____ Grade: _____

be released and transferred to:

Mandel JDS
Attn: Admission Office
26500 Shaker Boulevard
Beachwood, Ohio 44122

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have the right to receive a copy, if requested. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

I give permission for Mandel JDS to contact the education professionals at the student's current or former school for further information if necessary.

Signature of Parent or Legal Guardian: _____

Address: _____

Day Phone: _____

To help us make informed placements of students please provide information of any prior testing, assessments or evaluations in educational or psychological support services. For example speech & language, occupational therapy.

Early Childhood – 8th Grade
26500 Shaker Blvd., Beachwood, OH 44122 • www.MandelJDS.org • (216) 464-4055

