



# TEMPLE ISRAEL OF HOLLYWOOD DAY SCHOOL

7300 Hollywood Boulevard | Los Angeles, CA 90046

## Release of Records

**Applicant's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Current School** \_\_\_\_\_

**School Address** \_\_\_\_\_

**School Telephone** \_\_\_\_\_

**I authorize the release of academic and health records for my child. I understand that this information is considered confidential and will be used by proper authorities of Temple Israel of Hollywood Day School for admission purposes only.**

**Please mail all records in the envelope provided, to:**

**Temple Israel of Hollywood Day School  
7300 Hollywood Boulevard  
Los Angeles, CA 90046  
Attn: Director of Admissions**

\_\_\_\_\_  
**Signature of Parent(s)**

\_\_\_\_\_  
**Date**