



**AUTHORIZATION TO RELEASE/EXCHANGE
CONFIDENTIAL INFORMATION**

I, _____ (parent name), authorize the Online Jewish Academy to release, obtain and/or exchange information pertaining to my child, _____, including school-related information, neuropsychological test results, or psychological/psychiatric information with the partner school(s) that my child is applying to:

- Milken Community High School
- New Community Jewish High School
- Shalhevet School
- YULA Boys High School
- YULA Girls High School

Current School: _____
Phone/Extention: _____
Email: _____

Specialist(s) working with your child:

Contact Person: _____
Position: _____ Phone/Ext.: _____
Email: _____

Contact Person: _____
Position: _____ Phone/Ext.: _____
Email: _____

I understand that I have the right to refuse to sign this form and that I may revoke my consent at any time except to the extent that the information has already been released.

Signature of Parent/Guardian _____ Date _____
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