



Solomon Schechter School of Queens
76-16 Parsons Boulevard, Flushing, NY 11366
Tel 718-591-9800 | Fax 718-591-3946
www.sssq.org

CREDIT REPORT RELEASE

I hereby authorize the Solomon Schechter of Queens (“the school”) to obtain my credit report in connection with my application for tuition assistance. I am aware that such report will be shared with members of the School’s Financial Assistance Committee. We will maintain the confidentiality of your personal information and it will only be used in support of your application.

Applicant Name _____

Home Address _____

Social Security Number _____ Date of Birth _____

Signature *Dated*

Co-Applicant Name _____

Home Address _____

Social Security Number _____ Date of Birth _____

Signature _____ Date _____

EACH APPLICANT MUST SIGN THIS APPLICATION

