

ACADEMIC RELEASE OF *Records*



► To the Parents:

Please complete the top portion of this form and submit it to your child's **current school**.

Student's name: _____
First _____ Middle _____ Last _____

Current grade: _____ Date of birth: _____

Name of current school: _____

► Please read and sign the statement below:

For the student named above, we authorize the complete release of the school's Educational, Medical and Psychological records (*if applicable*), including an official transcript of all grades for the **current semester and past two academic years**, as well as the results of standardized testing from the same time period.

Parent/Guardian 1 Name (print) _____ Signature _____ Date _____

Parent/Guardian 2 Name (print) _____ Signature _____ Date _____

► To the Student's Current School:

Please send this student's complete Educational, Medical, and Psychological records (*if applicable*). Official transcript should include the **current semester and past two completed academic years** as well as all grades earned for courses taken to date, attendance, and scores for aptitude and achievement tests. Please include this form with the transcripts. We thank you for your assistance.

(Please print) _____ First _____ Last _____ Phone _____

Signature of School Official _____ Date _____

Please send this recommendation via mail, fax or email to:

Tarbut V'Torah Community Day School

Admissions Office

5 Federation Way, Irvine, CA 92603

Phone (949) 509-9500 • Fax (949) 509-7866

admissions@tarbut.com

Founded in loving memory of Naomi Gelman Weiss

Tarbut V'Torah Community Day School | 5 Federation Way, Irvine CA 92603 | **TARBUT.com**