



To Be Completed By Parent or Guardian

REQUEST FOR RELEASE OF STUDENT RECORDS

PARENTS:

- Please complete and sign this form
- Submit this form to the applicant's current school with a stamped return envelope

The following student has applied for admission to the American Hebrew Academy.

Student Name: _____

Address: _____
STREET CITY STATE ZIP

Current Grade: _____ Birth Date: _____

SCHOOL ADMINISTRATOR:

Please send the following to the American Hebrew Academy:

- One Official copy of the student's transcript at this time, and one at the end of the year.
- One copy of the most recent report card,
- Any standardized testing from the previous twelve months.

Send to:

Admissions Office
American Hebrew Academy
4334 Hobbs Road
Greensboro, NC 27410

I HEREBY GIVE PERMISSION TO RELEASE COPIES OF THE ABOVE NAMED STUDENT'S TRANSCRIPTS.

SIGNATURE OF PARENT OR GUARDIAN

DATE