

H. REQUEST FOR RELEASE OF RECORDS

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:(mm/dd/yy) _____

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

SIGNATURE OF PARENT OR GUARDIAN

DATE

SCHOOL ADMINISTRATOR:

Please send the following to the American Hebrew Academy:

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

Please complete:

Has this student ever been suspended, expelled or missed an extended period of school for any reason? Yes No

If yes, please explain the circumstance: _____

SIGNATURE OF ADMINISTRATOR

DATE

Name Printed: _____

Send to:

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

Please provide the name of a guidance or placement counselor with whom we may further discuss this student's qualifications and experiences. Thank you.

COUNSELOR'S NAME

EMAIL

PHONE #