



## REQUESTS FOR RECORD FORM

**I HEREBY GRANT PERMISSION FOR THE RELEASE OF RECORDS INDICATED BELOW:**

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**1. STUDENT NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_ **SCHOOL PHONE:** \_\_\_\_\_

**NAME OF PRINCIPAL/CONTACT PERSON:** \_\_\_\_\_

**2. STUDENT NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_ **SCHOOL PHONE:** \_\_\_\_\_

**NAME OF PRINCIPAL/CONTACT PERSON:** \_\_\_\_\_

**3. STUDENT NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_ **SCHOOL PHONE:** \_\_\_\_\_

**NAME OF PRINCIPAL/CONTACT PERSON:** \_\_\_\_\_

**4. STUDENT NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_ **SCHOOL PHONE:** \_\_\_\_\_

**NAME OF PRINCIPAL/CONTACT PERSON:** \_\_\_\_\_

**OFFICE OF THE REGISTRAR:**

The above named student(s) applied for admission at Torah Academy of Boca Raton. Please forward the cumulative scholastic and health records as well as the achievement and intelligence test scores at your earliest convenience to the address listed below. Your cooperation in sending these records promptly will be greatly appreciated. Should we have any questions, we will be contacting you directly.

**PLEASE SEND TO:**  
**OFFICE OF THE REGISTRAR**  
**TORAH ACADEMY OF BOCA RATON**  
**3881 NW 3RD AVENUE**  
**BOCA RATON, FL 33431**