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REQUEST FOR RECORDS FORM

SIGNATURE OF PARENT: _____ DATE: _____

1. STUDENT NAME: _____ SCHOOL NAME: _____

SCHOOL E-MAIL ADDRESS: _____ SCHOOL PHONE: _____

NAME OF PRINCIPAL/CONTACT PERSON: _____

2. STUDENT NAME: _____ SCHOOL NAME: _____

SCHOOL E-MAIL ADDRESS: _____ SCHOOL PHONE: _____

NAME OF PRINCIPAL/CONTACT PERSON: _____

3. STUDENT NAME: _____ SCHOOL NAME: _____

SCHOOL E-MAIL ADDRESS: _____ SCHOOL PHONE: _____

NAME OF PRINCIPAL/CONTACT PERSON: _____

4. STUDENT NAME: _____ SCHOOL NAME: _____

SCHOOL E-MAIL ADDRESS: _____ SCHOOL PHONE: _____

NAME OF PRINCIPAL/CONTACT PERSON: _____

I HEREBY GRANT PERMISSION FOR THE RELEASE OF ALL RECORDS AND EVALUATIONS AND GIVE PERMISSION FOR TORAH ACADEMY TO SPEAK WITH ANY STAFF, THERAPISTS OR PROFESSIONALS WHO WORKED WITH MY CHILD(REN).

OFFICE OF THE REGISTRAR:

The above named student(s) applied for admission at Torah Academy of Boca Raton. Please email all student records including evaluations, cumulative scholastic and health records, as well as all standardized achievement and electronic test scores or student data at your earliest convenience to the registrar. Your cooperation in sending these records promptly will be greatly appreciated. Should we have any questions, we will be contacting you directly.