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REQUESTS FOR RECORD FORM

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

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: _____

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.