

Authorization for Release of Pupil Record Information



Complete all items clearly. Please print or use a typewriter.

Parent:

Please complete, sign and submit this form to the Director of Admissions.

The following student has applied for admission to Torah High Schools of San Diego:

Student's Name _____
Last First

Birth Date _____ Current Grade _____

To The School:

Please send the following information to Torah High Schools of San Diego:

_____ One copy of the student transcript at this time.

_____ One copy of this year's first semester report card and any new standardized testing.

Send to:

Director of Admissions
Torah High Schools of San Diego
9001 Towne Centre Drive
San Diego, CA 92122
Fax: (858) 558-6835

I hereby give permission to release copies of the above-named student's cumulative records.

Signature of Parent or Guardian _____

Date _____