

# Transcript Release Form for Students Entering 1<sup>st</sup>-8<sup>th</sup> Grade



Denver Academy  
of Torah

***Parents and Guardians:***

Please complete, sign and submit this form to your child's current school.

Applicant's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

I/we authorize the transfer of all applicable information, written and/or verbal, for the above named student. Please release the following records:

1. Transcript of academic record
2. Results of standardized and/or aptitude tests
3. Copies of evaluations, psychological reports or IEPs

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***School Administrators:***

Please fax or mail transcripts for the above named student including any standardized tests, report cards or relevant materials to:

Denver Academy of Torah  
6825 E. Alameda Ave.  
Denver, CO 80224  
**FAX: 720.859.6847**  
Phone: 720.859.6806