



## Record Release Form

### Parent/Guardian Permission

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

Name of Current school: \_\_\_\_\_

City, State \_\_\_\_\_ School fax (required) \_\_\_\_\_

I hereby request that my child's current school release my child's records to Leo Bernstein Jewish Academy of Fine Arts to be used in the admission process.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

To Whom It May Concern,

The student listed above has applied for admission to the Leo Bernstein Jewish Academy of Fine Arts. To assist us in making an informed admissions decision, please send us the following;

1. Academic records
2. Copies of any relevant educational/ psychological testing or evaluations.

These evaluations will be kept in strict confidence and used solely to help form a thoughtful admissions decision.

Thank you so much for your time and attention.

Sincerely,  
Helen Goldberg  
Director