SAN DIEGO
Jewish Academy
Challenge Minds. Inspire Purpose. Explore Possibilities.

Academic Release of Records

To the Parents:

Please complete the top portion of this form and submit it to your child's **current school office**. This form must be submitted to San Diego Jewish Academy by your child's school.

Student's name: _____
First Middle Last

Current grade: _____ Date of Birth: _____

Name of current school: _____

Please read and sign the statement below

For the student named above, we authorize the release of school records, including an official transcript of all grades for the current semester and past two academic years, as well as the results of standardized testing from the same time period. We waive our rights to read the confidential teacher recommendations and the school report.

Parent/Guardian 1 Name (print):_____Signature:_____Date:_____

Parent/Guardian 2 Name (print):_____Signature:_____Date:_____

To the Student's Current School:

Please send this student's official transcript for the **current semester and past two completed academic years**. This should include all grades earned for courses taken to date, attendance, scores for aptitude and achievement tests. Please include this form with the transcripts. We thank you for your assistance.

Name of School Official:

_____ _____
(Please print) First Last Phone

_____ _____
Signature of School Official Date

Please send transcripts via Email to admissions@sdja.com