



Inspire. Learn. Achieve.

Release of Information

*Parents: Please sign, complete this release form and return with application.
It will be sent to your child's current school.*

Dear Administrator,

_____ has applied for admission to Columbus Torah Academy for _____ grade for the 2018-2019 school year. This release gives CTA authority to discuss your child with his/her current educators. In order to process the application, please forward his/her school records, including any standardized test scores, attendance records, grades, and health records to the attention of:

Shari Herszage
Director of Admissions
Columbus Torah Academy
181 Noe Bixby Road
Columbus, Ohio 43213

Records can also be sent electronically to sherszage@torahacademy.org. Thank you in advance for your assistance. If you have any questions, please contact Shari at 614-864-0299, ext 218 or sherszage@torahacademy.org at CTA.

Parents' or Guardians' Signature _____

Current School _____

School Address _____

School Telephone _____

School Fax _____

School Email _____

Date _____