



TORAH DAY SCHOOL OF HOUSTON

10900 Fondren Road · Houston, Texas 77096 · 713-777-2000 · Fax 713-776-0036 · www.tdshouston.org

Date _____

Request Student Records

I authorize _____ (name and address of school) to release my child’s student records as indicated below to Torah Day School.

Student name _____

Reason for request _____

As parent or legal guardian, I authorize you to release to Torah Day School all cumulative health and academic records, standardized tests, Special Education testing and recommendations, and psychological information.

Signature of parent/legal guardian

Print name clearly

Date

Please send all records as listed above to:

Torah Day School
Admissions Director
10900 Fondren Road
Houston, TX 77096

For any application to considered complete, parents of applicants must complete this form for each school the child attended. This signed form and a formal letter stating that all tuition balances and financial obligations have been closed out should be returned with the Application.