



**YESHIVAT AKIVA  
AKIVA HEBREW DAY SCHOOL**

**RELEASE OF STUDENT RECORDS FORM**

To Whom It May Concern:

The student/s listed below has/have applied for admission to Akiva Hebrew Day School. Please send us copies of all educational, medical, and psychological records for:

<u>Student/s</u>	<u>Grade Entering</u>	<u>Date of Request</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

We would appreciate if you would process this request and forward the records to the address below as soon as possible.

**Akiva Hebrew Day School  
21100 West 12 Mile Road  
Southfield, MI 48076  
(248) 386-1625/Fax: (248) 386-1632**

Thank you for your assistance.

Sincerely,  
Akiva Hebrew Day School

**PARENT AUTHORIZATION**

I hereby authorize \_\_\_\_\_  
(Sending School Name)

\_\_\_\_\_  
(Sending School Address)

To release all records for my child/children listed above to Akiva Hebrew Day School.

Sincerely,

\_\_\_\_\_  
(Parent's/Guardian's Signature)

\_\_\_\_\_  
(Date)