

## TRANSCRIPT/RECORDS RELEASE FORM

- **PARENT:** *Please sign and submit this form to your child's current school.*

I authorize the administration of \_\_\_\_\_ school to release all academic and personal information on my son/daughter \_\_\_\_\_ to Lubavitch Elementary School, Administration Office. I understand that all material shared with the Elementary School Office is entirely confidential.

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

- **PRINCIPAL/HEAD OF SCHOOL:** *Please send the following records to the appropriate address below:*

The records should include:

- Report cards available from current year
- Report cards from the last two school years
- Results of student's most recent standardized test scores
- Attendance record
- IEP's and/or Resource Room Records, if applicable
- Completed Student Evaluation Form from Judaic Studies teacher
- Completed Student Evaluation Form from General Studies teacher
- Completed Principal's Evaluation Form

**ELELMENTARY SCHOOL for BOYS**

Mrs. Shevi Sossonko

(305) 653-6790

*or mailed to:*

Lubavitch Educational Center

ATTN: Mrs. Shevi Sossonko

17330 NW 7<sup>th</sup> Avenue

Miami, FL 33169

*or emailed to:*

ssossonko@lecfl.com

**ELELMENTARY SCHOOL for GIRLS**

Mrs. Chaya Sara Dalfin

(305) 653-6790

*or mailed to:*

Lubavitch Educational Center

ATTN: Mrs. Chaya Sara Dalfin

17330 NW 7<sup>th</sup> Avenue

Miami, FL 33169

*or emailed to:*

cdalfin@lecfl.com