



**Please forward transcript release form
to applicant's current school**

Ateres Bnos Ita Transcript Release Form

Name of Student

Year of Graduation

Date of Birth

I give permission for copies of the following records to be released from _____.
School Name

These records may include, but are not limited to, grade transcripts, results of achievement tests, health information, attendance records, reports of extracurricular activities, etc.

Records should be forwarded to office@atereslv.org

Name (Please Print)

Date

Signature