

# TORAH SCHOOL OF GREATER WASHINGTON



## REQUEST FOR TRANSFER OF RECORDS

Please mail this to the previous educational institution  
that your child attended.

### ACADEMIC EXCELLENCE SINCE 1994

#### ADMINISTRATION

Rabbi Yitzchak Charner  
*Headmaster*

Julie Malka  
*Secular Studies Principal*

Rabbi Shmuel Lichtenstein  
*Assistant Principal*

Zev Teichman  
*Executive Director*

Rabbi Yossie Charner  
*Director of Development*

#### BOARD OF DIRECTORS

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\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip code

To Whom It May Concern:

Please release all educational, medical, and/or psychological records regarding my child, \_\_\_\_\_, to:

**Torah School of Greater Washington**  
**Attention: Registrar**  
**2010 Linden Lane**  
**Silver Spring, MD, 20910**

I give permission to the administrators and staff of \_\_\_\_\_

to give written and verbal evaluations of my child to the administrators and staff of the Torah School.

I give permission to the Torah School to speak with the administration and staff of \_\_\_\_\_.

Thank you.

Sincerely,

\_\_\_\_\_  
Parent's Signature