



# TORAH SCHOOL OF GREATER WASHINGTON

## REQUEST FOR TRANSFER OF RECORDS

**ACADEMIC EXCELLENCE SINCE 1994**

**ADMINISTRATION**

**Rabbi Yitzchak Charner**  
*Headmaster*

**Julie Malka**  
*Secular Studies Principal*

**Rabbi Shmuel Lichtenstein**  
*Judaic Studies Principal*

**Zev Teichman**  
*Executive Director*

**Rabbi Yossie Charner**  
*Director of Development*

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**Barry Graham**

**Rabbi Eliyahu Reingold**

**Max Sicherman**

**2010 Linden Lane  
Silver Spring, MD 20910**

**PH: 301-962-8003  
FAX: 301-962-9755**

**www.tsgw.org**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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.

Thank you.

Sincerely,

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