



**Request for School Records**  
**Grades 1 – 5**

To: **Registrar**

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

Name of Pupil \_\_\_\_\_ Grade \_\_\_\_\_

Please send the following records to Denver Jewish Day School at the address below:

1. Transcript through most recent grading period
2. Education testing and reports
3. Medical data (including immunization records)
4. Psychological data
5. Sociological data

Thank you,

Shayna Friedman  
Director of Admission  
Phone: 720-449-9550  
Fax: 303-369-0664  
Email: [sfriedman@denverjds.org](mailto:sfriedman@denverjds.org)

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I hereby authorize my child's school to release the necessary records to:

Admission Office  
Denver Jewish Day School  
2450 S Wabash Street  
Denver, CO 80231

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Signature of parent or legal guardian

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Date