



## TRANSCRIPT RELEASE FORM

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APPLICANT'S NAME \_\_\_\_\_  
Last First

Please fill in the name of the applicant and his school in the spaces below, sign the form and give it to your current principal along with the attached Principal's Questionnaire.

I hereby grant permission to (Name of School) \_\_\_\_\_  
to provide the official academic record of (Name of Applicant) \_\_\_\_\_  
to the Yeshiva University High School for Boys for use in their admissions and class placement process.

Signed \_\_\_\_\_  
Signature of Parent or Guardian Date