

PHOENIX HEBREW ACADEMY  
151 E. Bethany Home Road  
Phoenix, AZ 85012  
602-277-7479 FAX 602-274-0713

REQUEST FOR TRANSFER OF RECORDS

_____ Name	_____ Grade
_____ Address	_____ Birth date
_____ City	_____ Zip

\_\_\_\_\_  
Transferring from (Name of School)

\_\_\_\_\_  
Address of School

\_\_\_\_\_  
Phone

The above student has enrolled in our school. Please send health, scholastic, test records and any other pertinent information to:

Phoenix Hebrew Academy  
515 E. Bethany Home Road  
Phoenix, AZ 85012

Permission for the release of these records granted by:

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_