



# KOSLOFF TORAH ACADEMY

50 Montgomery Avenue, Bala Cynwyd, PA 19004

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## Request for Release of Transcripts and Recommendations

Please submit 1 form per seminary/college to Mrs. Bromberg.

Student Name: \_\_\_\_\_ Student Code: \_\_\_\_\_

Please send an official copy of my KTA transcript to:

\_\_\_\_\_ complete name of seminary / college, no abbreviations

\_\_\_\_\_ contact person [specify title: Rabbi, Rebbetzin, Dr., Mr., Mrs., etc.]

Email Address of contact person: \_\_\_\_\_

Address to which documents should be mailed, if necessary:  
\_\_\_\_\_  
\_\_\_\_\_

Send transcript and other documents via: [check all that apply]

- Email
- US Postal Service
- Common Application
- Joint Seminary Application

Please send [check all that apply]:

- Official High School Transcript
- Supplementary Documents [specify] \_\_\_\_\_
- Recommendations:

[List only teachers/ administrators to whom you have given a request for recommendation and a student resume. Specify which type of recommendation you have requested from each.]

1. \_\_\_\_\_ Circle: Letter    Paper form    Digital form
2. \_\_\_\_\_ Circle: Letter    Paper form    Digital form
3. \_\_\_\_\_ Circle: Letter    Paper form    Digital form

APPLICATION DEADLINE: \_\_\_\_\_  
[date by which all materials must be received]

KTA APPLICATION PROCESSING DEADLINE: \_\_\_\_\_  
10 DAYS BEFORE THE DATE LISTED ABOVE

ALL RECOMMENDATIONS MUST BE RECEIVED IN THE KTA OFFICE BY THE KTA APPLICATION PROCESSING DEADLINE.  
Write this date on the Recommendation Request for Seminary or College Form that you give to each teacher.