



**KOSLOFF TORAH ACADEMY**  
50 Montgomery Avenue, Bala Cynwyd, PA 19004

Mrs. Brendy Siev, Assistant Principal, General Studies | bsiev@ktahs.org | 610.660.5010 x210

Mrs. Ann Bromberg, Registrar | abromberg@ktahs.org | 610.660.5010 x111

## Request for Release of Transcripts and Recommendations for College

Submit 1 form for each college to Mrs. Bromberg AT LEAST 10 days before the deadline

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

Please send an official copy of my KTA transcript to: \_\_\_\_\_  
(Name of college, no abbreviations)

I am applying to special programs: **Circle all that apply**

Early Decision      Honors Program      Other (be specific) \_\_\_\_\_

Please send my transcript via: **Circle all that apply**

Email      Common Application

I gave a Recommendation Request for College and my Student Resume to:

**Circle what kind of recommendation you need.**

- |  |        |            |              |
|--|--------|------------|--------------|
| 1. _____<br>(Name of KTA faculty member) | Letter | Paper form | Digital form |
| 2. _____<br>(Name of KTA faculty member) | Letter | Paper form | Digital form |
| 3. _____<br>(Name of KTA faculty member) | Letter | Paper form | Digital form |

COLLEGE APPLICATION DEADLINE: \_\_\_\_\_  
(Date when all materials must be received at the college)

For office use only.

Date received: \_\_\_\_\_