



# COHEN HILLEL ACADEMY

## TRANSCRIPT RELEASE

This form should be given to your child's current school.

\_\_\_\_\_ has applied to Cohen Hillel Academy for the upcoming academic year. To assist in completing the application, please forward a transcript including current and past report cards, standardized test reports, health forms and any other assessments and information regarding this student to:

Cohen Hillel Academy  
6 Community Road  
Marblehead, MA 01945

**Attention: Suzie Cheatham, Director of Admissions**

We appreciate your assistance and thank you in advance for your cooperation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**A  
D  
M  
I  
S  
S  
I  
O  
N  
S**