



# KOSLOFF TORAH ACADEMY

50 MONTGOMERY AVENUE, BALA CYNWYD, PA 19004

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## Request for Transcript

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

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

Please send an official copy of my KTA transcript to:

\_\_\_\_\_  
LIST COMPLETE NAME OF SEMINARY / COLLEGE, NO ABBREVIATIONS

\_\_\_\_\_  
CONTACT PERSON [SPECIFY TITLE: RABBI, REBBETZIN, DR., MR., MRS., ETC.]

Address to which documents should be mailed:

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Please send [CHECK ALL THAT APPLY]:

\_\_\_\_\_ Official High School Transcript

\_\_\_\_\_ Letters of Recommendation from:

[LIST ONLY TEACHERS/ ADMINISTRATORS TO WHOM YOU HAVE GIVEN A REQUEST FOR RECOMMENDATION FORM AND A STUDENT RESUME FORM]

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ Supplementary Documents [SPECIFY] \_\_\_\_\_

Send transcript and other documents via: [CHECK ALL THAT APPLY]

\_\_\_\_\_ Email

\_\_\_\_\_ Common Application

\_\_\_\_\_ US Postal Service

\_\_\_\_\_ Joint Seminary Application

APPLICATION DEADLINE: \_\_\_\_\_

[DATE BY WHICH ALL MATERIALS MUST BE RECEIVED]