

Please mail requested records to: **Imparting Wisdom Christian Academy**  
**66 Isaiah Lane, Suite 5**  
**Hustonville, KY 40437**  
**(606) 510-1968**

## REQUEST FOR STUDENT RECORDS

**Date Requested:** \_\_\_\_\_

**Originating/Previous School:**

---

**School Name**

---

**School Mailing Address**

---

<b>City</b>	<b>State</b>	<b>ZIP</b>
-------------	--------------	------------

---

-----  
**Student Information:**

---

**Student Name**

---

**Student Mailing Address**

---

<b>City</b>	<b>State</b>	<b>ZIP</b>
-------------	--------------	------------

---

---

<b>Student Date of Birth</b>	<b>Approximate Last Date of Attendance</b>	<b>Last Enrolled Grade Level</b>
------------------------------	--	----------------------------------

---

-----  
The following official records are hereby requested:

Grades/Report Cards including percentages at time of withdrawal and a transcript of credits  
Attendance Records, including any records of truancy  
Standardized Test scores  
Psychological Testing/Education Evaluation Reports  
Individual Education Plan (IEP) and/or 504 Plan  
Key/Evaluation of grading system  
Disciplinary measures taken  
Copy of Birth Certificate and Social Security Card  
Health Forms (Immunization; Physical, Dental, Eye Exam)  
Any other information/records pertinent to the growth of the student

**Authorization of Release:**

---

**Parent/Guardian Name**

---

**Parent/Guardian Signature**

**Date**