

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

City

State

ZIP

Student Information:

Student Name

Student Mailing Address

City

State

ZIP

Student Date of Birth

Approximate Last Date of Attendance

Last Enrolled Grade Level

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