

Please mail or email requested records to:

**Imparting Wisdom Christian Academy**  
**P.O. Box 181 - Hustonville, KY 40437**  
**admin@iwccademy.com**  
**(606) 510-1968**

## REQUEST FOR STUDENT RECORDS

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

**Originating/Previous School:**

\_\_\_\_\_  
**School Name**

\_\_\_\_\_  
**School Mailing Address**

\_\_\_\_\_  
**City**

**State**

**ZIP**

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**Student Information:**

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Student Mailing Address**

\_\_\_\_\_  
**City**

**State**

**ZIP**

\_\_\_\_\_  
**Student Date of Birth**

**Approximate Last Date of Attendance**

**Last Enrolled Grade Level**

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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**