

# Student Transfer of Records



8094 Plantation Drive  
West Chester, OH 45069  
P: 513-755-0169  
F: 513-755-0179  
www.intlacademy.org

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Date of Transfer: \_\_\_\_\_

### Sending School Name & Address:

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

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

### Records to be released:

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Academic  | <input checked="" type="checkbox"/> Attendance        | <input checked="" type="checkbox"/> Discipline              |
| <input checked="" type="checkbox"/> Health / Immunization   | <input checked="" type="checkbox"/> Birth Certificate | <input checked="" type="checkbox"/> Custody Papers          |
| <input checked="" type="checkbox"/> Psychological (Diagnostic Summaries, IEP) Special Education Records |   | <input checked="" type="checkbox"/> ESL testing information |

I hereby request \_\_\_\_\_ to release the requested information  
(Sending School)

To International Academy of Cincinnati  
(Receiving School)

\_\_\_\_\_  
Signature of Parent / Guardian Relationship Date

.....  
Date Sent: \_\_\_\_\_ By: \_\_\_\_\_

Record Received  Yes Date: \_\_\_\_\_ By: \_\_\_\_\_

No Reason for not receiving: \_\_\_\_\_