



**REGISTRAR'S OFFICE
REQUEST FOR TRANSFER OF STUDENT RECORDS TO IMSA**

PARENT /GUARDIAN:

DO NOT RETURN THIS FORM TO IMSA

PLEASE TAKE OR MAIL THIS FORM TO YOUR CHILD'S PREVIOUS SCHOOL AND PLEASE MAKE SURE TO FILL OUT ANY WITHDRAWAL FORMS YOUR CHILD'S PREVIOUS SCHOOL MAY REQUIRE.

**PLEASE TRANSFER ALL PERTINENT SCHOOL RECORDS
FOR**

Name of Student

I hereby authorize _____

Name of Pre-IMSA School

Street Address

City

State

Zip

to release the **final cumulative** grades/transcript for 2019-2020, to include grades for all courses for the entire academic year, and all other pertinent transfer records for the above mentioned student. Please forward all student records by October 1, 2019 to:

Office of the Registrar
Illinois Mathematics and Science Academy
1500 Sullivan Road Aurora, IL 60506
registrar@imsa.edu

Date: _____

Parent/Guardian Signature

Address

City, State, Zip

Phone