



**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 2020-2021, 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, 2020 to:

Office of the Registrar  
Illinois Mathematics and Science Academy  
1500 Sullivan Road Aurora, IL 60506  
[registrar@imsa.edu](mailto:registrar@imsa.edu)

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone