



OFFICE OF THE REGISTRAR

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:

Student’s first and last name – *Please print clearly*

I hereby authorize: _____
Name of Pre-IMSA School

Street Address

City

State

Zip

To release the **FINAL CUMULATIVE** grades/transcript for the school year, _____
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 no later than: _____

OFFICE OF THE REGISTRAR	PARENT/GUARDIAN
Illinois Mathematics and Science Academy	ADDRESS
1500 Sullivan Road, Aurora, IL 60506	CITY, STATE, ZIP
registrar@imsa.edu	PHONE
DATE:	DATE:
SIGNATURE:	SIGNATURE: