



## 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: <i>Shari J. Katich-Rogers</i>	SIGNATURE: