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Request for Records

For Eligibility Purposes Only

TO: Registrar 1st rqst:	2 nd rqst:		3 rd rqst:
School Name (<i>Previous S</i>	School)		
Address			
City	State		Zip Code
Phone		Fax	
Last Name	First	M.I. DO	OB Grade
Family Educational Rights and P Signature is not required to Tran	,	,	states that a Parent
Parent/Guardian	Signature		
Please Fa: Please fax Official Tr	x the following: <u>Fa</u> anscript and all Edu		
Un/Official Transcript Attendance Discipline Immunization Health History Birth Certificate Withdrawal Grades WA State History met? State History Met High School & Beyond Plan	X WELL X IEP X Reeva X Funct X Avers X WAS X State Stand	ESL (English Language PA/ELPA21 aluation tional Behavioral State Tests/Preatesting Scores dardized Tests	X X X al Assessment X n Plan X