



INTERMOUNTAIN ADVENTIST ACADEMY

550 25 1/2 Rd.
Grand Junction, CO 81505
secretary@iaagj.com

RECORDS TRANSFER REQUEST

STUDENTS PREVIOUS SCHOOL NAME AND ADDRESS:

PREVIOUS SCHOOL FAX #: _____

STUDENT'S NAME _____

BIRTH DATE _____ GRADE ENTERING _____

PARENT / GUARDIAN AUTHORIZATION TO RELEASE RECORDS: I hereby authorize the above named school / agency to release school records, as indicated below, to Intermountain Adventist Academy for use in the educational program of my child.

Cumulative Records Academic Progress Records Health / Immunization Records
 Attendance Records Testing Records Staff & IEP Records
 Behavioral Records Special Education Records ALL OF THE ABOVE

Signed:

_____ Date: _____

PARENT/GUARDIAN

Student's mailing Address:

PLEASE SEND RECORDS TO:
Intermountain Adventist Academy
550 25 1/2 Rd.
Grand Junction, CO 81505