



SPOKANE

INTERNATIONAL ACADEMY

Request for Student Records

Student Name

Social Security Number

Street Address

Date of Birth

City

State

Zipcode

Home Phone

Gender Male Female

Parent/Guardian Name

Parent/Guardian Signature

Name of Most Recent School Attended

Current Grade of Student

Street Address of School

City

State

Zipcode

PLEASE PROVIDE THE FOLLOWING INFORMATION
FOR THE STUDENT LISTED ABOVE:

- Withdrawal form and Date of withdrawal
- Official Transcript
- Immunization record
- Birth Certificate
- Testing Data and Results
- Legal Guardianship or Custody Papers
- Current IEP and Psych Evaluation
- ELL Testing and Results

PLEASE SEND RECORDS TO:

Spokane International Academy
2706 E Queen
Spokane, WA 99217

(For Office Use Only)

FIRST REQUEST Sent On: _____

SECOND REQUEST Sent On: _____

THIRD REQUEST Sent ON: _____