



*By learning in an innovative, personal, and flexible online environment, iCademy Global students become leaders and thinkers who make a global impact.*

Date: \_\_\_\_\_

## **Request For Student Records**

Student's Name: \_\_\_\_\_  
(last) (first) (middle)

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Records Requested:**

All cumulative records including health and immunization records, report cards, attendance, test scores and results, transcript, discipline records, \*special education and psychological tests.

### **This Student is Transferring From:**

School District Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

School Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

### **Parent Permission:**

I authorize the transferring school to send the special education records of the student named above. I understand that this permission does not waive my right to examine these records or to challenge the accuracy and contents of these records. I understand that my signature is not required for transfer of records between public schools as per 99.31 and 99.34 of the Family Rights and Privacy Act of 1974.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### **Please Send Records To:**

**iCademy Global**  
8485 Homestead Drive  
Zeeland, MI 49464  
**fax:** 616.772.0373  
**phone:** 616.748.5637