



**INDIANA**<sup>TM</sup>  
ACADEMY

FAITH  
KNOWLEDGE  
SERVICE

## Transcript Request

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

Requesting the records for the following individual:

Student Name: \_\_\_\_\_

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

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

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

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

The student named above has applied for admission to Indiana Academy. Please send the following documents and any additional information that would be useful for us in placing this student.

- Official Transcript – Mailed
- Unofficial Transcript – Emailed or Mailed
- Standardized Test Scores
- Health/Immunization Records
- Copy of Birth Certificate
- Special Education Records
- Discipline Records
- Attendance Records

I hereby permit you to release my student's records to Indiana Academy for his/her admission.

\_\_\_\_\_  
(Print) Name of Parent/Guardian

\_\_\_\_\_  
(Signature) Name of Parent/Guardian

\_\_\_\_\_  
Date

Thank you for your assistance,

I.A. Registrar  
Indiana Academy  
24815 State Road 19, Cicero, IN 46034  
317-984-3575 (Office)  
**registrar@iasda.org** (email)