Mail Records to:

Office of the Registrar
Integrity Learning Academy
351 S. State Road 434
Altamonte Springs, Florida 32714
Phone: (407*) 644- 5000 x 2408*

Form 603 – Request for Transfer of Records

Date: _____

To:
Previous School Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____ **Fax:** _____

Student Information

Student's Full Name: _____
Date of Birth: _____
Grade Level: _____
Last Date Attended: _____

Records Requested

Please forward the following student records to Integrity Learning Academy:

- Cumulative Academic Records
- Attendance Records
- Health/Immunization Records
- Discipline Records
- Test Scores / Standardized Assessments
- Birth Certificate

Parent/Guardian Name: _____
Signature: _____ **Date:** _____

For Office Use Only

Records Received On: _____