

Request for Student Records

Send Records To:

AIOA PO Box 3 Newton, UT 84327

Email: aioa@ai-oa.org
For questions, please call 435-535-2081

To:				
(School Transferring From) (School Transferring From)	nooi District)			
The student referenced below have request this student's complete discipline history, testing data, of	record file, including cumulati	ve files, trans	cripts, health records,	
Student Name (as it appears on b	pirth certificate):			
Known As or Preferred Nickname:		Birth date:	Birth date:	
Grade: 2016-2017	Phone Number:	Gender: Male	Female	
Home Address:	City:	Zip:		
Parent/Guardian Signature Date	e			
School Official Date				
Pursuant to UCA 53A-11-504 and student without the written consent				

the student seeks or intends to enroll. Transferring credits will be assessed and processed by the

2nd Request /

3rd Request /

admissions board and will be in compliance with the NWAC / AdvancEd requirements.

1st Request /

For Office Use Only