



COLUMBIA INDEPENDENT SCHOOL FORM 1: REQUEST FOR COPIES OF SCHOOL RECORDS

Parents/Guardians: Please provide this form to the applicant's current school in order to obtain the necessary records.

Office of the Registrar at (the school's name): _____

Name of Student Applying for Admission: _____

The student named above, who is currently enrolled in your school or who recently attended your school, is a **CANDIDATE FOR ADMISSION** to Columbia Independent School for the _____ school year. We would appreciate **COPIES** of this student's grade reports, standardized test scores, teacher comments, attendance records, discipline records, and other confidential information you feel might be helpful to us in evaluating his/her academic ability and social development. Please note that this student is not transferring to our school at this time, and you should not take any action regarding this student's status at your school.

Kari Stockwell, Director of Admissions & Marketing
Columbia Independent School, 1801 N. Stadium Blvd., Columbia, MO 65202 USA

For the School Official:

I verify that the attached/enclosed records belong to the student named above, a student at our school. Any questions regarding these documents, including their authenticity, can be directed to me.

**Place Official
School Stamp
Here**

SCHOOL OFFICIAL'S SIGNATURE

SCHOOL OFFICIAL'S PRINTED NAME

DATE

SCHOOL OFFICIAL'S TITLE

This portion of the form is to be completed by the parent or guardian of the applicant.

Parent of the applicant: _____

Name of student: _____

Present grade: _____ School now attending: _____

SCHOOL ADDRESS

CITY

PROVINCE

POSTAL CODE

COUNTRY

I hereby give permission to the school I have listed above to release information to Columbia Independent School, as requested above.

PARENT'S/GUARDIAN'S SIGNATURE

DATE