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# Independent Baptist Academy

Email: [independentbaptistacademy@gmail.com](mailto:independentbaptistacademy@gmail.com)

## Student Records Request Form

### Student Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Last First M.I.*

### Request for Student Records

**Parents:** Please complete the highlighted sections below.

Date of Request: \_\_\_\_\_

#### Originating School or Institution

Name of Previous School or Agency: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### Student's Information

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Last date of attendance (approx.): \_\_\_\_\_

I, \_\_\_\_\_, Parent/Legal Guardian of \_\_\_\_\_, do hereby grant permission for the release of all records indicated below to Independent Baptist Academy, Sebring, FL, for consideration in the enrollment process and the evaluation of transferable credits.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### The following records are hereby requested:

- |  |  |
|--|--|
| <input type="checkbox"/> Transcripts or report cards                       | <input type="checkbox"/> Discipline records            |
| <input type="checkbox"/> Test data / standardized test scores              | <input type="checkbox"/> Immunization records          |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records      |
| <input type="checkbox"/> List of courses and grades at time of withdrawal  | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records                                | <input type="checkbox"/> Psychological records         |
| <input type="checkbox"/> Individual Literacy Plan (if applicable)          | <input type="checkbox"/> Sociological records          |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable     | <input type="checkbox"/> Copy of birth certificate     |
| <input type="checkbox"/> 504 Plan (if applicable)                          | <input type="checkbox"/> Other _____                   |

Signature of IBA Representative:

Signature

Title

Date

PLEASE SUBMIT RECORDS TO:

## Independent Baptist Academy

**Street Address:** 5704 County Road 17 S, Sebring, FL 33876

**Email:** independentbaptistacademy@gmail.com

**Fax:** 1 (863) 473-8472

*The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.*