



INTAC

513-755-0169
info@myintac.com
8094 Plantation Drive, West Chester OH 45069
www.myintac.com

Student Transfer of Records

Student's Name: _____ Grade: _____

Parent's Name: _____

Address: _____

Phone #: _____ Date of Transfer: _____

Sending School Name & Address:

Receiving School Name & Address:

International Academy of
Cincinnati (INTAC)
8094 Plantation Drive
West Chester, OH 45069
Phone: 513-755-0169
Fax: 513-755-0179
Email: admissions@myintac.com

Phone #: _____

Fax #: _____

Records to be released:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Academic | <input checked="" type="checkbox"/> Attendance | <input checked="" type="checkbox"/> Discipline |
| <input checked="" type="checkbox"/> Health / Immunization | <input checked="" type="checkbox"/> Birth Certificate | <input checked="" type="checkbox"/> Custody Papers |
| <input checked="" type="checkbox"/> Psychological (Diagnostic Summaries, IEP) Special Education Records | | <input checked="" type="checkbox"/> ESL testing information |

I hereby request _____ to release the requested information
(Sending School)

To International Academy of Cincinnati (INTAC)
(Receiving School)

Signature of Parent / Guardian Relationship Date

.....
Date Sent: _____ By: _____

Record Received Yes Date: _____ By: _____

No Reason for not receiving: _____