



### Official Request for Student Records

iQ Academy Kansas  
Manhattan High School/USD#383  
901 Poyntz  
Manhattan, Kansas 66502  
Phone: 785-539-6978 or 877-345-4757  
Fax: 888-472-8010

iQ Academy Kansas wishes to receive a copy of the records (transcript, health, testing, and any special program placement) for the following student:

Student Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Date student was last in attendance: \_\_\_\_\_

This student left in good standing:      YES      NO

If no, please explain: \_\_\_\_\_

**SCHOOL REQUESTING RECORDS:**

PREVIOUS SCHOOL ADDRESS:

Guidance Counselor  
iQ Academy Kansas  
Manhattan High School  
901 Poyntz  
Manhattan, KS 66502

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Counselor or Registrar Signature

I understand this information is to be used only by the above person, agency, or organization and no other party will have access to the above records without written permission of the parents, guardian, or student.

I agree to this request: \_\_\_\_\_

Parent/Guardian Signature

OR

\_\_\_\_\_  
Student Signature (must be 18 years or older)

Date: \_\_\_\_\_

PLEASE BE SURE ALL HEALTH/IMMUNIZATION RECORDS ARE INCLUDED FOR:

Student name: \_\_\_\_\_

Date sent: \_\_\_\_\_ Date Received: \_\_\_\_\_