



P.O. Box 1237, Post Falls, Idaho 83877-1237
208.691.0712 www.genesisprep.org

Request For Transfer Of Educational Records

In compliance with the Family Education & Privacy Acts of 1974, it is mandatory that written consent from the student's parents be obtained in order to release school records.

Name of School: _____

Address: _____

City, State, Zip _____

This is to certify that I have given permission to release the records of

(student's name)

to:

Genesis Preparatory Academy

P.O. Box 1237

Post Falls, ID 83877-1237

Please include the following:

- (1) Dates of entrance and withdrawal
- (2) Grades and credits earned
- (3) Health and Immunization Records
- (4) Standardized Test Results
- (5) ISAT student ID # - _____
- (6) Any other pertinent information that will aid in evaluating the student's progress and in maintaining a clear picture of their academic career

Parent/Guardian Signature

Date

Print Name