



Date: _____

TO THE PRINCIPAL/HEADMASTER/REGISTRAR/GUIDANCE COUNSELOR:

Please release the following records for the student listed below:

- Official transcript of grades
- Standardized test scores
- Attendance reports
- Discipline reports
- Any classroom accommodations

Name of Student _____

Date of Birth _____

Parent Name _____

Parent Signature _____

Please mail or email all requested documents to:

transcripts@imgacademy.com

IMG Academy

5500 34th Street W

Bradenton, FL 34210

(941) 752-2449

(941) 752-2433 FAX

Thank you!