Independent School of Winchester

Request for Transcripts

I, _____ (parent name), request that _____ (school name) fax, email, or mail copies of all relevant records, including:

- **Transcripts**
- **Attendance records**
- **All standardized testing**
- **All educational and/or psychological testing**
- **All disciplinary records**
- **Birth certificate**
- **Immunization records and most recent physical**

for the following student:

_____ (name)
_____ (date of birth)
_____ (school years enrolled)

to:

The Independent School of Winchester
769 Round Hill Road
Winchester, VA 22602
Phone: 540-773-3814
Claire@iswva.org ***(Email submission preferred)***
Fax: 855-685-7279

Signed _____ Date _____

Parent Name _____