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Truckee, CA 96161

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Don Posson
Superintendent
(877) 761-9998 ext. 7746

Laurie Bloom
Director
(877) 878-6001

Student Name: _____

Student Date of Birth: _____

I, _____ have applied for the above named student to be admitted to International Virtual Learning Academy.

I am requesting that you please forward the following records to International Virtual Learning Academy.

- Official Transcripts
- Progress Records
- Test Scores
- Health Records
- Attendance Records
- Special Education Needs
- Other documentation pertaining to records of education for above student

I hereby grant permission for the release of the above student records to International Virtual learning Academy.

Signature of Student (if over 18)

Signature of Parent (if under 18)

Date

Date

Former School: _____

Address: _____

City/State/Zip: _____

School Phone: _____ School Fax: _____

School Contact: _____

Thank you for your prompt attention in this matter

Laurie Bloom
Director, International Virtual Learning Academy
laurie@InternationalVLA.com