



2657 Windmill Parkway #142

Henderson, NV 89074

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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](mailto:laurie@InternationalVLA.com)