

Moscow High School
402 East 5th Street
Moscow, ID 83843
Phone 208-882-2591
Fax 208-892-1136



1st Request _____

2nd Request _____

3rd Request _____

Date:

Student's Name _____ DOB _____

has enrolled in Grade _____ at Moscow Senior High School.

Please fax the following **ASAP**:

- official transcript of courses and grades earned
- birth certificate
- immunization records
- If applicable:
 - *504 plan*
 - *special education records, including IEP's, eligibility reports, BIP's & FBA's*

If the student withdrew mid-term, please send withdrawal grades, a record of attendance for that term and the withdrawal date from your school.

Please send the full *cumulative* file, including attendance records, disciplinary records, teacher evaluations and test scores, to:

Jennifer Wilson
Registrar
Moscow High School
402 East Fifth Street
Moscow, ID 83843

School student previously attended _____

Phone number _____ Fax number _____

I authorize the release of the above requested information.

Parent or Guardian (Student, if over 18 years of age)