



Icenhower Intermediate School  
8100 Webb Ferrell Rd. Arlington, TX 76002  
Phone: (817) 299-2700  
Fax: (817) 453-6890

## Request for Records

To: \_\_\_\_\_  
(Name of Previous School)

\_\_\_\_\_  
(City/School District)

\_\_\_\_\_      \_\_\_\_\_  
(Phone)                      (Fax)

\_\_\_\_\_ has enrolled in the \_\_\_\_\_ grade at Icenhower Intermediate School. Please fax or mail copies of the following records:

\_\_\_\_\_ Last Report Card

\_\_\_\_\_ Withdrawal Grades

\_\_\_\_\_ TAKS Results (or other standardized tests)

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Social Security Card

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Other \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_