

  
**COLUMBIA INDEPENDENT SCHOOL**  
**Request for Copies of School Records**  
**Form D**

**The upper portion of this form is to be completed by the Columbia Independent School Admissions Office.**

Office of the Registrar: \_\_\_\_\_

Name of Student Applying for Admission: \_\_\_\_\_

The student named above, who is currently enrolled in your school or who recently attended your school, is a **CANDIDATE FOR ADMISSION** to Columbia Independent School for the \_\_\_\_\_ school year. We would appreciate **COPIES ONLY** of grade reports, standardized test scores, teacher comments, attendance records, discipline records, and other confidential information you feel might be helpful to us in evaluating his/her academic ability and social development. Please note that this student is not transferring to our school at this time, and you should not take any action regarding this student's status at your school.

Date requested by CIS: \_\_\_\_\_

Date returned to CIS: \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF ADMISSIONS (Karen Shryock)

**Registrar: Thank you for your assistance. Please return this original form, or a copy of it, along with the materials we have requested.**

**Columbia Independent School**  
**Director of Admissions**  
**1200 East Broadway**  
**Columbia, MO 65215**  
**Phone 573-815-5960**  
**Fax 573-815-5971**

\_\_\_\_\_  
Parent of the applicant:

This portion of the form is to be completed by the parent or guardian of the applicant. The entire form is then returned to Columbia Independent School with the Application for Admission.

Name of student: \_\_\_\_\_

Present grade: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_  
SCHOOL ADDRESS

CITY STATE ZIP

PHONE NUMBER

I hereby give permission to the school I have listed above to release information to Columbia Independent School, as requested below.

\_\_\_\_\_  
PARENT'S/GUARDIAN'S SIGNATURE

DATE