



REQUEST FOR STUDENT TRANSCRIPTS OR INFORMATION

Name of Student: _____

Date of Birth: _____ Grade Level: _____

Name of Parents or Guardian: _____

School Name: _____

School Address: _____

City: _____ State: _____ Phone Number: _____

Signature of Requestor: _____ Date: _____

Phone Number of Requestor: _____

Please release the following documents to The Imani School:

- Transcript Final Report Card Immunization Records
- Student Recommendation Standardized Test Scores
- Other

Please return this request to:

ATTN: Transcript Requests
The Imani School
12401 South Post Oak Road
Houston, Texas 77045
Fax Number: 713-723-6143
For questions please call 713-723-0616
Email: admissions@imanischool.org