

**REQUEST FOR STUDENT-RECORDS**  
**INDIAN TRAIL INTERMEDIATE SCHOOL**

**"HOME OF THE HAWKS"**  
**307 CAR-MOL DRIVE**  
**JOHNSON CITY, TN 37601**

*Today's Date:* \_\_\_\_\_ *Phone:* 423-610-6000 *Fax:* 423-610-6010

**Student Name:** \_\_\_\_\_

**Entering Grade** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Last School Attended** \_\_\_\_\_

**Address** \_\_\_\_\_

**School Phone** \_\_\_\_\_

**School Fax** \_\_\_\_\_

Please fax or mail the requested records to;  
*Attention: Tammy Miller, Administrative Secretary*

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Attendance Record
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Discipline Record
<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Test Scores/Grades
<input type="checkbox"/> Special Education Records	<input type="checkbox"/> Other

*Send Special Ed Records to:* Johnson City Schools  
Department of Special Education  
P.O. Box 1517  
Johnson City, TN 37605  
Attn: Danielle Richardson  
423-434-5216 - Office Phone  
423-218-4967 - Fax

**Parent or Guardian Signatures:** \_\_\_\_\_