

# ***Tappahannock Junior Academy***

*P.O. Box 790*

*Tappahannock, VA 22560*

*Phone & Fax (804) 443-5076*

*www.tjasda.org – tjaadmin@gmail.com*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Previous School's Name

\_\_\_\_\_  
Previous School's Address

\_\_\_\_\_  
Previous School's Phone Number

\_\_\_\_\_  
Previous School's Fax Number

Dear Sir or Madam:

This is a request for all transcripts/files you have for \_\_\_\_\_.  
Please send them to me as soon as possible. I would appreciate your sending all  
evaluative materials that apply:

- a) All student records
- b) Most recent IEP
- c) Discipline Records
- d) Grades/standardized test scores
- e) Medical information
- f) Copy of birth certificate and social security card
- g) Any other materials pertinent to better understand this student's academic performance.

You may mail records to the above address or fax to 804-443-5076.  
Please do not hesitate to call me at (804) 443-5076 if you have questions or concerns.

Sincerely,

Kim Petersen  
Principal

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date